



## **SCHOLARSHIP APPLICATION**

Please follow the instructions below when filling out this application. Failure to do so may make the application invalid.

- € Applicant must complete each item thoroughly.
- € Applicant must be from an Easton/Wilson/Nazareth/Phillipsburg / Bangor/Pen Argyl area public high school.
- € Applicant must be planning to attend a two-year or four-year, fully accredited college or university.
- € Applicant must establish eligibility through financial need and scholastic merit.
- € Applicant must submit a copy of their high school transcript.
- € Applicant must be in the top 20% of their class.
  
- € ***Application forms must be received no later than March 31, 2025***

**Name** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

State taxable income from parents' 2023 or 2024 income tax form. \_\_\_\_\_

Do parents rent or own a home? \_\_\_\_\_

State value of home and mortgage balance, if applicable \_\_\_\_\_

State monetary value of family assets such as stocks, bonds, investments (trusts, etc.)  
\_\_\_\_\_

Explain unusual family circumstances (i.e., illness, special care, siblings in college, loss of income, etc.) which would affect family's ability to help with college costs:

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List extra-curricular or community activities in which you are significantly involved. Briefly elaborate:

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What do you hope to gain from college, and why have you selected the colleges listed below? Please state your educational goals:

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Name your 1<sup>st</sup> and 2<sup>nd</sup> College Choices \_\_\_\_\_

EXPENSES:	1 <sup>st</sup> College Choice	2 <sup>nd</sup> College Choice	AMOUNT APPLICANT CAN CONTRIBUTE	
Tuition & Fees			Savings	
Room & Board			Loans	
Books/supplies			Work-study	
Personal Expenses			Social Security	
			AMOUNT PARENTS CAN CONTRIBUTE	

**CERTIFICATION OF NEED**

I, the undersigned, hereby state that financial aid is essential to enable me to attend college. The questions contained in this application have been answered truthfully and accurately to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*Send the completed form to: [aauweastonscholar@gmail.com](mailto:aauweastonscholar@gmail.com)*