THE NORTON SCHOLARSHIP TRUST Cover Page

(Please type or print in ink)

Applicant's Name:

The cover page and the application package (completed application and all supporting documentation) must be post-marked by:

April 15th

Renewal application packages	Checklist
considered will include:	
Three Sections of Application Completed:	
(Personal Data, Discipline History,	
Educational Information)	
Application Signed and Dated	
FAFSA with Estimated Family	
Contribution	
Official Post-Secondary Transcript*	
-	

Strict adherence to the deadline will be enforced. Application packages can be dropped off at the guidance office or mailed to the following address:

Oswayo Valley School District Attention: Guidance Counselor – Norton Scholarship 277 S. Oswayo Street Shinglehouse, PA 16748

^{*}Please note that an official transcript comes in a sealed and stamped envelope from the school. All electronic transcripts must be sent to christi@oswayo.com in order to be verified and considered an official transcript. Any variations other than the ones stated above will be considered unofficial and not meet the requirements of the application. Failure to provide an official transcript will result in an incomplete application and disqualify applicant for consideration.

THE NORTON SCHOLARSHIP TRUST

PERSONAL & RESIDENCY DATA

ADDRESS:STATE:ZIP:	NAME:		
TEAR OF GRADUATION: HOW LONG HAVE YOU LIVED IN THE OSWAYO VALLEY SCHOOL DISTRICT? ELEPHONE: Home: Cell: DATE OF BIRTH: EMAIL ADDRESS: EATHER'S NAME: MOTHER'S NAME:	ADDRESS:		
HOW LONG HAVE YOU LIVED IN THE OSWAYO VALLEY SCHOOL DISTRICT? ELEPHONE: Home: Cell: DATE OF BIRTH: EMAIL ADDRESS: FATHER'S NAME: MOTHER'S NAME:	CITY:	STATE:	ZIP:
ELEPHONE: Home: Cell: DATE OF BIRTH: EMAIL ADDRESS: SATHER'S NAME: MOTHER'S NAME:	YEAR OF GRADUATION	\ :	
OATE OF BIRTH: EMAIL ADDRESS: SATHER'S NAME: MOTHER'S NAME:	HOW LONG HAVE YOU	LIVED IN THE OSWAYO	VALLEY SCHOOL DISTRICT?
ATHER'S NAME:	ELEPHONE: Home:	Cel	ıl:
MOTHER'S NAME:	DATE OF BIRTH:	EMAIL ADDRESS:	
	FATHER'S NAME:		
If someone other than your parents supports you, please indicate:	MOTHER'S NAME:		
	If someone other	than your parents supports	s you, please indicate:
IAME: RELATIONSHIP:	NAME:	RELATIONSHIP:	
DDRESS:	ADDRESS:		
CITY: STATE: ZIP:	CITY:	STATE:	ZIP:
A LICINI	ATION		
	DISCIPLINE HISTORY		
DISCIPLINE HISTORY	HAVE YOU EVER PLEA	DED GUILTY, NO-CONTE	ST, OR HAVE BEEN CONVIC
	f yes, please explain:		
DISCIPLINE HISTORY	HAVE YOU EVER BEEN	I EXPELLED FROM SCHO	OOL?
PISCIPLINE HISTORY HAVE YOU EVER PLEADED GUILTY, NO-CONTEST, OR HAVE BEEN CONVICTED	f yes, please explain:		

DEMONSTRATION OF ACADEMIC MERIT, EDUCATIONAL ACHIEVEMENT, OR PROMISE

EDUCATIONAL INFORMATION

Please attach one official copy of your most recent transcript showing your cumulative GPA.

DEGREE OF FINANCIAL NEED

FINANCIAL INFORMATION

It is required that you attach a copy of the portion of your Free Application for Federal Student Aid (FAFSA) form which sets forth the Expected Family Contribution.

Authorization & Signature

information to perform reference and disciplinary inquiries. I understand that my application does not gas scholarship award will be granted to me.				
Applicant's Signature	Date			
Applicant's Name (Printed)				