Trushel Scholarship Application Cover Page

(Please type or print in ink)

Applicant's Name:		
The cover page and completed application and all suppor	ting documents must be turned in	n by
April 15 th .		
Application package must include:	Checklist	
All sections of the application completed		
Application is signed and dated		
Transcript		
Letter of acceptance or other proof of enrollment and specific program		

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- Trushel Scholarship 277 S. Oswayo St. Shinglehouse, Pa 16748

Trushel Scholarship Application

In Memory of Dr. and Allene Trushel

INSTRUCTIONS: PLEASE TYPE OR PRINT THIS APPLICATION AND RETURN IT TO: GUIDANCE COUNSELOR, OSWAYO VALLEY
SCHOOL DISTRICT, 277 S. Oswayo St., SHINGLEHOUSE, PENNSYLVANIA 16748 ON OR BEF<u>ORE APRIL 1</u>5TH. YOU MUST BE A
GRADUATE OF OSWAYO VALLEY JR. SR. HIGH SCHOOL TO BE CONSIDERED.

PERSONAL INFORMATION	<u>l:</u>		
			Date:
Applicant's Full Name:		Social Security N	Number:
Student's Address:			
Stro	eet	City	State Zip
Telephone Number:			
EDUCATION:	High School	College	Graduate
School Name			
Years Completed (circle)		1 2 3 4 5	1 2 3 4 5
Diploma/Degree			
Describe Course of Study			
Year of Graduation			
Name of College Enrolled:			
Specific Program of Study:	: 		
Degree Currently Seeking:			
Number of Years Required	l:	Number of '	Years Completed:

OTHER RELATED ACTIVITES: Please High School/College	Organization	Membership	Office Held	Honor and Award
nigh school/college	Organization	ivieitibersiiih	Office field	HUHUI dHU AWdfu
		1		
		1		
Community				
OTHER FINANCIAL AID INFOR	MATION:			
Have you been granted scholarsh	nip aid?	If so, give details		
grant of the second services services				
Do you intend to apply for financ	ial aid at the college(s)	vou plan to attend? If so	n give details	
	iai aia at the conege(3)	you plan to attenue it st	o, bive actuits	
Have you reason to synast schol	archin aid from any ath	or course?	If an aire	dotaile
Have you reason to expect schola	arsnip ald from any oth	er source?	it so, give	details
Positions held in gainful employn			loyment, average time	employed each week,
earnings, savings, etc. (Indicate fo	ull or part-time)			
Any additional data to show finar	ncial need and general v	worthiness. Be specific	to this	

(Name of Colleg	ge)	(P	Program Enrolled in)
Please indicate the proper	amount for each item listed b	pelow as it pertains to the school you i	ndicated above.
	First Semester	Second Semester	Total
Tuition			
Room and Board			_
Books			
Miscellaneous (specify)		<u> </u>	
		 	
		 	
		 	
Annual Total Expenses			
PROOF OF ENROLLMENT:			
Please include transcript, le	etter of acceptance or other p	proof of enrollment and specific progra	am.
Please include transcript, le		proof of enrollment and specific progra	am.
Name and address of Admi			am.
Name and address of Admi	issions Office:		am.
Name and address of Admi	issions Office:		am.
Name and address of Admi Telephone Number:	issions Office:		Date

Revised 102794

Trushel Scholarship

The Trushel Scholarship recommendations will be based on the applicant's character, service, leadership and scholarship.

If two or more applicants are equal, then financial need will be considered.

All applications and questions will be handled by the Guidance Counselor of the Oswayo Valley Jr.Sr. High School.

The recommending committee will consist of the Superintendent, Jr. Sr. High School Principal, Elementary Principal and two people from the Oswayo Valley School District.

The recommending committee will forward their recommended candidates or scholarships to the Trustees of the Citizen Trust Company of Coudersport, Pennsylvania for their review. All applicants will be re-evaluated each year and the scholarship awarded annually.

Applications will be received **from any Oswayo Valley graduate** who plans to attend or is presently enrolled in the **medical profession**, **veterinary profession or the nursing profession**.

ITINERARY OF DATES THAT APPLICATIONS MUST BE RECEIVED, REVIEWED, APPROVED, ANNOUNCED AND ACCECPTED:

April 15th	DEADLINE FOR APPLICATIONS SUBMITTED TO OSWAYO VALLEY GUIDANCE OFFICE.
May 1st	Recommendations made to Citizens Trust Bank Trustees by the superintendent of the Oswayo Valley School District.
May 15th until Graduation	Notify successful candidates. Obtain acceptance from successful candidates.
Graduation	Public announcement of scholarship recipients.