



P.O. Box 3321, Gettysburg, PA 17325

Adams County Home Show Vocational Education Scholarship

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APPLICATION FOR EDUCATIONAL ASSISTANCE

Instructions:

Fill out application carefully. Type or legibly print the requested information. Mail completed application to: Adams County Home Show Scholarship, P.O. Box 3321, Gettysburg, Pa 17325. The deadline for applications in JANUARY 31ST OF EACH YEAR. All requested information will be held in the strictest confidence.

Name _____
(Last) (First) (Middle Initial)

Address _____
(Street) (City) (State) (Zip)

Date of Birth: _____ Telephone # _____

High School: _____ Social Security # _____

Guidance Counselor: _____ Telephone # _____

Present Course of Study: _____

School applied to for admission: _____

Have you been accepted? _____ Date you will start _____

If you have not been accepted, when will you know? _____

Major Course of Study: _____

Will you be attending full time? _____ Marital Status: _____

Extra Curricular Activities: _____

Honors or Awards: _____

Leadership Positions: _____



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Name of Father/Step-Father (or guardian) _____

Name of Mother/Step-Mother (or guardian) _____

Number of Brothers/Sisters at home: _____ In Post High School: _____

Father's Occupation/Employer: _____

Mother's Occupation/Employer: _____

References, two unrelated persons who can vouch for your character and/or your interest in this career:

1. Name _____ 2. Name _____

Address _____ Address _____

I have read this application and certify the answers to be true and correct to the best of my knowledge and belief. I understand the this information and this application shall be used solely for the purpose of considering me for the Adams County Home Show Scholarship. I understand that the scholarship shall be used toward studies in Carpentry, Masonry, Electrical, Plumbing or Heating, Ventilation and building related Air Conditioning courses f study. I further understand and agree that if selected, I give my permission for a public announcement of such appointment.

Student Signature Date Parent or Guardian Signature Date

Parent or Guardian Signature Date



**Builders Association
of Adams County**

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STATEMENT OF REASONS FOR APPLICATION FOR SCHOLARSHIP

Applicant: *You may use this space to provide a brief statement (300 words or less) to support your reasons for applying for this vocational scholarship and to demonstrate why the committee should favor your request. The reverse may be used if needed. Must be typed.*