

**AMBRIDGE AREA EDUCATION SUPPORT ASSOCIATION
SCHOLARSHIP**

PERSONAL INFORMATION:

Applicant's Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (Zip)

Father/Guardian's Name: _____ Mother/Guardian's Name: _____

Occupation: _____ Occupation: _____

Siblings Attending College: _____ Siblings at Home: _____

Applicant's Signature: _____

SECONDARY PLANS:

School Planning to Attend: _____

Field of Study: _____

Tuition and Fees: _____ Room and Board: _____

Books: _____ Total Yearly Expenses: _____

CRITERIA, REQUIRMENTS & ADDITIONAL DOCUMENTS REQUIRED:

1. Must be an Ambridge Area High School graduating senior
2. Must have a cumulative GPA of 2.5 or greater
3. School attendance will be considered
4. Resume, official copy of transcript, and proof of acceptance/enrollment to post-secondary school for Fall 2024 (certificate program, college, trade school, etc.)
5. One (1) letter of recommendation from a teacher, mentor, or coach
6. An essay describing your future goals and how this scholarship would be helpful to you (min. 500 words)
7. Misinformation will lead to disqualification

**COMPLETED APPLICATIONS MUST BE RETURNED TO THE
GUIDANCE OFFICE BY MONDAY APRIL 29, 2024**