

Ambridge Area Education Association

Affiliated with PSEA & NEA

Scholarship Form		
PERSONAL INFORMATION	·	
Applicant's Name	(AA: J.J.)	(1 +)
(First)	(Middle)	(Last)
Address(Street)		(Town)
Father's Name	Mother's Name	
Occupation	Occupation	
Gross Monthly Income	Gross Monthly Inco	me
Siblings Attending College	Siblings at Home	
Applicant's Signature		
ACADEMIC INFORMATION (To be completed by high school guidance counselor)		
Cumulative High School Grade Point Average	-	iety
Cumulative High School Class Rank in	a class of	
SAT Scores - VerbalMathTotal_	ACT Compo	site Score
Counselor Signature		Date
SECONDARY PLANS		
School Planning to Attend		
Field of Study		
Tuition and Fees	Room and Board	
Estimated Book Cost Tota	l Yearly Expense	

REQUIREMENT CRITERIA:

- 1. On a separate sheet list your school and community activities, offices held, honors received, and work.
- 2. A 250-500 essay on your positive experiences at Ambridge Area High School. Essay should be typed and double-spaced.
- 3. Letter of Recommendation from a teacher or coach.
- 4. Misinformation could lead to disqualification.
- 5. COMPLETED APPLICATIONS SHOULD BE RETURNED TO THE GUIDANCE OFFICE BY 3 PM on May 1, 2024.