# *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:_____

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## SECONDARY PLANS:

School Planning to Attend:_____

Field of Study:_____

Tuition and Fees:_____Room and Board:_____

Books:_____Total Yearly Expenses:_____

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## 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 28, 2025**