

HADLEY-LUZERNE TEACHERS' ASSOCIATION SCHOLARSHIP

Hadley-Luzerne Central School
Lake Luzerne, New York 12846

APPLICATION

NAME: _____ H-L GRADUATION YEAR: _____

STREET: _____ DATE OF BIRTH: _____

TOWN: _____ ZIP: _____

HOME PHONE: _____ SOCIAL SECURITY # _____

Father/ Step-Father/Legal Guardian:

Name: _____ Living ? _____

Occupation: _____ Employer: _____

Mother/Step-Mother/Legal Guardian:

Name: _____ Living ? _____

Occupation: _____ Employer: _____

Family Adjusted Gross Income (include all sources such as Wages, Social Security, Retirement, Pensions, Disability, ADC: use last year's income tax figures if current year is not available):

Tax Year: _____ Family AGI: \$ _____

Number of children in family: _____ Number of children in college: _____

University, College or Vocational School you plan to attend: _____

Course of Study: _____ Number of years required: 1 2 3 4 5

Tuition cost per year \$ _____

Total cost per year (tuition, room, board, books, fees, etc.) \$ _____

Amount to be paid (out of pocket) by the student & parent \$ _____

Please attach a letter (behind this application) which includes information on:

- Reason you selected your particular school
- Other schools to which you applied and/or visited
- Describe your intended program of study
- Indicate if you have been accepted to your first choice school
- Show why scholarship money is needed.
- Special family circumstances (explain how this impacts your needs)
- List the names and addresses of three references (not relatives)

Applicant's signature and date

Parent's signature and date

****Parent's signature authorizes the release of school transcript to the Scholarship Committee****

****DUE TO GUIDANCE OFFICE BY APRIL 1st****