

AMOS ABBADUSKY TRUST
ACADEMIC SCHOLARSHIP AWARD

Applicants Name _____ Age _____

Home address _____ Zip _____

Home phone No. _____

Residence: Fulton Co. Township Name _____ Section No. _____

Father's Name _____ Address _____ Zip _____

Mother's Name _____ Address _____ Zip _____

Brothers or Sisters residing at home;		
Name	Age	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

The applicant has read the guidelines of the Amos Abbadusky Trust Scholarship and is familiar with the requirements and conditions pertaining to this Academic Scholarship Award. Yes _____ No _____

Applicant is applying for:

4 year scholarship to _____
College or University

2 year scholarship to _____
Junior College or Trade School

Other scholarships the applicant has applied for:

_____ Amount granted: \$ _____

_____ Amount granted: \$ _____

The applicant is submitting on a separate page added information indicating need and qualifications for this scholarship award. Yes _____ No _____

Student achievements:

Academic honors received while in high school: _____

Non-academic honors received while in high school: _____

Academic high school class rank is _____ in a class of _____ students.

Achievement test scores are: S.A.T. _____ A.C.T. _____ Other achievement scores. _____

Information provided by certifying school official:

Points earned for school citizenship _____

Points earned for school class rank _____

Signature of certifying school official _____

For additional points and qualification a copy of the current family annual income is being submitted on a U.S. Form 1040. Yes _____ No _____

If requested, the applicant will appear before the Scholarship Trust Committee for an interview. Yes _____ No _____

The applicant grants the A.A.T.C. authorization to release for publicity, their name, picture, school and amount of award granted. Yes _____ No _____

The applicant has enclosed a recent bill fold size picture of themselves with this application. Yes _____ No _____

The applicant for this award and the parents or guardian of the applicant certify the information submitted in this application is true.

Signature of applicant: _____

Date _____

Signature of parent or guardian: _____

Date _____

This completed and signed application must be received by the Chairman or Secretary of the Trust Committee by May 1st of the current year.

A scholarship recipient must have their College, University or Trade School submit to the Trust Committee Chairman, a transcript of credits earned previous to the beginning of the next school year to receive the next installment on their scholarship.

Applicants check list of items needed for approval:

1. Transcript of credits.
2. A copy of family I.R.S. Form 1040.
3. Proper signatures of, student, parent and certifying school official.
4. Information indicating need and plans for the future.

For use by A.A.T.C. Scholarship Committee:

Amount of academic award granted: _____

College, University or Trade School: _____

Date 1st payment will be made: _____

A.A.T.C. Scholarship Committee:

Chairman: _____

Secretary: _____

Treasurer: _____

Member _____

Member _____

Date approved by Trust Committee: _____