



Austinburg Methodist Church, Inc. Scholarship Application

This scholarship was established by the Austinburg Methodist Church to be awarded to graduating seniors with financial need from Cowanesque Valley or Jasper Trroupsburg schools.

Eligibility Criteria:

- Graduating senior from Cowanesque Valley or Jasper Trroupsburg schools.
- Must have financial need.
- Must have earned at least a 2.5 or higher grade point average while in high school.
- Accepted into an accredited college, university, or technical school with a preference given to students pursuing Christian ministry, Christian education, or mission field. In the event of no one entering these fields, other fields of study may be considered.
- Attach a copy of your transcript.
- Student must have demonstrated financial need.
- Write an essay of 250-500 words, double-spaced, that describes areas in your life where you have demonstrated leadership and overcame obstacles either through your school, social, or family life. While you can certainly write about an experience that has had a profound effect on your life, it is important to remember that we are not evaluating you based on the seriousness of the obstacle you overcame. The goal of the essay is to show us that you have the intelligence and fortitude to handle challenges that come your way.

Please email your application in Word or PDF format to **jallenelford@twintierscf.org** no later than **Tuesday, March 31, 2026, by 5:00 p.m.**, or mail it to:

Community Foundation for the Twin Tiers
104 W. Lockhart Street
Sayre, PA 18840

Mailed applications must be **postmarked no later than Tuesday, March 31, 2026**.



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Type or print neatly in black or blue ink. Only complete applications will be considered.

Personal Information:

Last Name	First Name	MI		
Street Address		Apt. /Unit Number		
City	State	Zip Code	Home Phone	Cell Phone
Sex: M	F	Date of Birth: _____ / _____ / MM/DD/YYYY	Name of High School	Date of Graduation

E-mail Address _____

Parental Information:

Father's Last Name	First Name	MI	
(If different) Street Address	Apt. /Unit Number	Email Address	
City	State	Zip Code	Best Available Phone Number
Name of Employer		Employed Since	
Mother's Last Name	First Name	MI	
(If different) Street Address	Apt. /Unit Number	Email Address	
City	State	Zip Code	Best Available Phone Number
Name of Employer		Employed Since	

Employment Information:

Do you currently have a part-time job? Y N If yes: _____
Position _____

Name of Employer _____ Employer's Phone Number _____



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School Based Information:

Major Field of study in college: _____

Name of college, university or technical school you are attending or will attend:

G.P.A. _____ SAT Score _____ or ACT Score _____.

Class Rank _____ of _____ # students.

Financial Information:

Please enter your Student Aid Index (SAI) number, which is generated after completing your Free Application for Federal Student Aid Form (FAFSA): _____.

If this number is not available at the time of submitting the application, please provide details as to the status of FAFSA. Please notify your guidance office when the number becomes available.

Number of Dependents in Family: _____ Number of other siblings in College: _____

I attest that all personal data included within this application is truthful and in no way misleading. All contents have been completed entirely by me (the applicant) to the best of my knowledge.

If I am selected as a recipient of a Community Foundation for the Twin Tiers scholarship, I agree to permit the Foundation to confer with my school to verify my continuing enrollment during the term of my scholarship.

I also agree that my name and photograph can be used in announcements made by the Community Foundation for the Twin Tiers regarding the scholarship (s) for which I have been awarded.

I also agree that by signing this, I permit my school to give the Community Foundation for the Twin Tiers information regarding my SAT scores, current GPA, and class rank.

Awards may be used at any accredited college, university, or technical school within the United States.

Signature of Applicant

Date of Signature