



## Tioga Tae Kwon Do Scholarship Application

Tioga Tae Kwon Do established an annual academic scholarship award available to their students that have demonstrated outstanding academic and martial arts performance and will be pursuing a college degree. Applicant must be an active student of Tioga Tae Kwon Do, LLC. The decision is based on merit and not need. Applicant shall have demonstrated strong academic and martial arts performance.

### Eligibility Criteria:

- Applicant must be an active student of Tioga Tae Kwon Do, LLC.
- Enrolled in accredited college or university.
- Essay (200-250 words doubled spaced) on how Martial Arts have influenced your life, focusing on tenets of Tae Kwon Do: Curtesy, Integrity, Perseverance, Self-Control and Indomitable Spirit.
- Transcript of high school grades.
- Copy of Resume (including volunteer work).
- Decision is based on merit and not need.

Please submit applications to : [jallenelford@twintierscf.org](mailto:jallenelford@twintierscf.org) or mail to  
Community Foundation for the Twin Tiers, 104 W. Lockhart Street, Sayre, PA 18840  
Must be postmarked no later than Monday, March 31, 2025.



## Tioga Tae Kwon Do Scholarship Application

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 the college or university you will attend:

\_\_\_\_\_

G.P.A. \_\_\_\_\_ SAT Score \_\_\_\_\_ or ACT Score \_\_\_\_\_

Class Rank \_\_\_\_\_ of \_\_\_\_\_ # students.

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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 particular 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, nonprofit college or university within the United States.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature