

Kyle B. Lenhardt Scholarship Application

Kyle B. Lenhardt Scholarship was established by Kyle's family in his memory. Kyle passed away at the young age of fifteen, shortly after completing ninth grade. This fund has been made possible by numerous supporters and fund raising efforts in memory of Kyle.

Eligibility Criteria:

- Graduating senior from Wellsboro Area High School.
- Accepted into an accredited university or college (no on-line study).
- Pursuing a degree in Science or Respiratory Therapy.
- Essay (200-250 words double spaced) on what makes you an excellent candidate to pursue a degree in science or respiratory therapy.
- Student must have at least a B average.
- Student must have demonstrated financial need.

Please see your guidance office for deadlines.



Kyle B. Lenhardt 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/		ame of High School	Date of Graduation	
E-mail Address					
Parental Information:					
Father's Last Name	I	First Name		MI	
(If different) Street Address	Ap	t. /Unit Numl	ber Email A	ddress	
City	State	Zip Code	Best Availal	Best Available Phone Number	
Name of Employer			Employed	1 Since	
Mother's Last Name	First Name			MI	
(If different) Street Address	Ap	t. /Unit Numl	ber Email Add	dress	
City	State	Zip Code	Best Available	e 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 Pl	hone Number	



Kyle B. Lenhardt Scholarship Application

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.	
Financial Information:	
Please enter your Expected Family Contribution (EFC) nur Student Aid Report (SAR), which is generated after comple Aid Form (FAFSA): If this number is application, please provide details as to the status of FAFS number becomes available. Number of Dependents in Family Number	eting your Free Application for Federal Students not available at the time of submitting the A. Please notify your guidance office when the coff other siblings in College
I attest that all personal data included within this applicatio contents have been completed entirely by me (the applicant	
If I am selected as a recipient of a Community Foundation permit the Foundation to confer with my school to verify m scholarship.	
I also agree that my name and photograph can be used in an Foundation for the Twin Tiers regarding the particular school also agree that by signing this	
I permit my school to give the Community Foundation for scores, current GPA and class rank.	the Twin Tiers information regarding my SAT
Awards may be used at any accredited, nonprofit college or	r university within the United States.
Signature of Applicant	Date of Signature