



## 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 the 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/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
------------------	-------------------------



## 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 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