

Use extra sheet if necessary.

Date _____

**GREENSBURG GARDEN CENTER'S
APPLICATION FOR
KATHERINE M. McKENNA SCHOLARSHIP**
(Restricted to applicants having completed one year in an accredited college or university and
residing in Westmoreland or its bordering counties)

Name in full _____ Sex _____

Home Address _____ Marital Status _____

_____ (COUNTY) _____ Phone No. _____

Date of Birth _____ Student No. _____

College of enrollment _____ Major Subject _____

College Address and Phone No. _____

What course do you intend to pursue? _____

Occupational objective after graduation _____

Last two schools previously attended _____ Rating in Class _____

_____ Rating in Class _____

Extra-curricular activities (Church, School, Community, High School and College)

Are you eligible for benefits under G.I. Bill or PHEAA? _____

How do you plan to finance this years college education? (Indicate amounts in blanks)

School Expenses

_____ tuition
 _____ room & board
 _____ books
 _____ other

_____ Total

* income to meet school expenses

_____ work
 _____ family aid
 _____ borrow
 _____ grants
 _____ mscholarships (list below)

_____ other
 _____ Total (should equal total school expenses)

Scholarships received: _____ \$ _____
_____ \$ _____
_____ \$ _____

Scholarship applications still pending: _____ \$ _____
_____ \$ _____
_____ \$ _____

* Proof of Financial Need. Applicant must submit photocopy of IRS form #1040 for self if one was filed and IRS form 1040 for parents unless applicant is self supporting.

* ALL STATEMENTS SO MARKED HELD IN CONFIDENCE BY THE SCHOLARSHIP COMMITTEE.

References. Two letters of reference should be attached to this application, or sent directly to the Greensburg Garden Center, one to be included from your school advisor.

Name _____ Address _____ Position _____

Name _____ Address _____ Position _____

Parent or Guardian _____

Address _____

List names and ages of all brothers and sisters and schools now attending:

1. _____ Age _____ School _____

2. _____ Age _____ School _____

3. _____ Age _____ School _____

APPLICATION MUST INCLUDE:

1. Transcript of college record, including last grading period.
2. Two letters of recommendation. May be sent separately.
3. Tuition costs.
4. Cover Letter
5. IRS 1040 forms.

SEND BY MAIL ON OR BEFORE MAY 31 TO:
SCHOLARSHIP CHAIRMAN

Deneise Snyder P.O. Box 325 Apollo, PA 15613 (724) 568-3819

Note that failure to follow application directions and complete all information requested may result in application being denied.