**Shirley L. Armstrong Scholarship, Soup Kitchen and Food Pantry Application**

Print Clearly

The Criteria

To be eligible for the scholarship you must:

1. Be able to submit a letter of acceptance to a two- or four-year College or

University

2. Be able to produce an official high school transcript and have a grade point

average of C or better.

3. Be active in school or community activities.

4. Have three references from school officials, pastors, employers, or other

distinguished members of the community.

**Please return your application by no later than May 15, to**

**The Shirley L. Armstrong Scholarship, Soup Kitchen and Food Pantry to Info@slfasf.org**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School Attended and Date of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College or University Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.Describe your academic achievements

2. Describe any leadership positions that you have held

3. Describe your extra-curricular activities

**ESSAY 1-2 pgs**.

5.Explain the importance of being a public servant, helping others and service

Dated:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant

By signing this application, the applicant and their legal guardian confirm that

the information contained within this application, along with all other documents

submitted with this application are true and accurate.

The SLFASF shall treat this information as confidential and shall only share this

information to the college or university you plan to attend or any federal or

local governing agency that requires and/or requests a copy of this information.

Photograph Release Acknowledgment and Waiver

If you are awarded the SLFASF scholarship, you will be required to

provide a photograph that can be used by SLFASF to further the

mission and purpose of the fund, including but not limited to, advertising past

winners of the award to entice future scholarship applicants.

In the event, I am awarded the scholarship, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby grant the

SLFASF permission to use my likeness as it appears in the submitted

photograph, video, or other digital media (“photo”) in all of its

publications, including web-based publications, without payment or other

consideration. Furthermore, I release and discharge SLFASF and its agents

from any claims, demands, and/or damages that may arise from or relate to the

photographs.

Further, in the event, the applicant is under the age of 18, I,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the Parent or Legal Guardian of the SLFASF Scholarship

Applicant) grant the SLFASF and its agents, the absolute right and permission to

use the photo for any use in connection with the purpose of the SLFASF

Scholarship Fund, including but not limited to: publicity, advertisement,

promotion, newsletters, emails and/or web content. I understand that no royalty,

fee, or other compensation shall become payable to me or the SLFASF

Scholarship Applicant by reason of such use. Furthermore, I release and

discharge the SLFASF and its agents from any claims, demands, and/or damages

that may arise from or relate to the use of photographs.

I further understand and agree that any such photo will become the property of

the SLFASF and will not be returned.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT

I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE

OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS

EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:

Dated:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian (only if Applicant is under 18)

Please return your application no later than May 15, to The Shirley

L. Armstrong Scholarship, Soup Kitchen and Food Pantry at info@slfasf.org or

651 N. Stiles st PMB 267Linden, NJ 07036