2023 Josh Palmer Scholarship Application

Completed applications must be returned to the Fund office post marked by May 1, 2023.

Last name		First name	WI
Address			
High School		School District	
Guidance Counselor's name	е	Guidance Counselor's phone number	
List parents or guardians	names and address	ses if n <mark>ot</mark> same as student.	
Name		Name	
Address		Address	ND
Home phone		Work phone	
Email address		ME	
List all siblings and those	who are financially	dependent. Give age, college or occupation	ı:
Field of study you plan	to pursue:		
Name of institution you	ı expect to atten	d:	
Accepted		Enrolled	
Housing plans:	On campus_	Off campus	

Give detail Include am	5 5	holarships, grants or loans you are	seeking or have already received
Please att	ach a separate she	et listing the following information	n by year (if applicable):
	• Participation in	varsity, junior varsity and/or comm	nunity teams
	 Memberships and participation in school organizations and activities 		
	• Leadership role	s/elected offices	
	 Awards receive 	d	
	 Volunteer expe 	rience	
	Membership an	d participation in community organi	zations
	 Employment ex 	perience	
Include th	e approximate numb	er of hours per week or month sper	nt participating in each activity.
Please indi	cate any unusual fan	nily or personal circumstances you f	ead warnant attention:

ESSAY

Write a brief essay about how overcoming a personal adversity may have motivated you to contribute to the betterment of your school or the community in general. Choose something that you are proud of achieving or participating in that would show the Committee what motivates you and what special skills or attributes you have.

Please submit in typewritten, double space format.

TRANSCRIPT

Please attach a copy of your transcript that includes class rank, GPA and SAT scores.

REFERENCE

Please provide the Fund with reference from someone who worked with you or who is familiar with your contribution. A brief paragraph is all that is needed. Your reference can be attached to your application or sent independently. If it sent independently, please include the applicant's full name so that it can be attached to the appropriate application.

I hereby authorize the Josh F the Scholarship Committee.	almer Fund Inc. to share this information with members of
Applicant's Signature	Parent/Guardian Signature
Date:	
	CERTIFICATION
I hereby affirm that the info	rmation on this form is true and complete to the best of my
knowledge. I am aware of the	conditions under which the awards are made and promise to
inform the Josh Palmer Fund I received.	Enc. of any changes in circumstances of any additional aid
Applicant's Signature	Parent/Guardian Signature
Date:	
If you have any questions, plea	ase contact James Palmer at <u>info@joshpalmerfund.org</u> or
(607) 733-2354.	-IIND
Please return to:	The Josh Palmer Fund, Inc. PO BOX 3223
	Elmira, NY 14905

Visit us online at www.joshpalmerfund.org, Facebook (Josh Palmer Fund) and twitter at @JPalmerFund