

Josh Palmer Scholarship Application

Completed applications must be returned to the Fund office post marked by May 1, 2025.

Last name First name MI

Address

High School

School District

Guidance Counselor's name

Guidance Counselor's phone number

List parents or guardians names and addresses if not same as student.

Name

Name

Address

Address

Home phone

Work phone

Email address

List all siblings and those who are financially dependent. Give age, college or occupation:

Field of study you plan to pursue: _____

Name of institution you expect to attend: _____

Accepted _____ Pending _____ Enrolled _____

Housing plans: On campus _____ Off campus _____

What are your career goals upon completion of your higher education?

Give details regarding other scholarships, grants or loans you are seeking or have already received. Include amount.

Please attach a separate sheet listing the following information by year (if applicable):

- Participation in varsity, junior varsity and/or community teams
- Memberships and participation in school organizations and activities
- Leadership roles/elected offices
- Awards received
- Volunteer experience
- Membership and participation in community organizations
- Employment experience

Include the approximate number of hours per week or month spent participating in each activity.

Please indicate any unusual family or personal circumstances you feel warrant 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 Palmer Fund Inc. to share this information with members of the Scholarship Committee.

Applicant's Signature

Parent/Guardian Signature

Date: _____

CERTIFICATION

I hereby affirm that the information 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 Inc. of any changes in circumstances of any additional aid received.

Applicant's Signature

Parent/Guardian Signature

Date: _____

If you have any questions, please contact James Palmer at info@joshpalmerfund.org or (607) 733-2354.

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