THE JOSEPH R. EVERY SCHOLARSHIP FUND

Completed application and all supporting documentation must be returned to:

- Your Guidance Office by Monday, March 22, 2021 or
- A C&N office by Friday, March 26, 2021

Please type or print in ink.

<u>PERSONAL DATA</u>							
NAME:							
ADDRESS:							
CITY:	STATE:	ZIP:					
TELEPHONE: Home: ()_	Ce	II: (<u>)</u>					
DATE OF BIRTH: EMAIL ADDRESS:							
FATHER'S NAME:	Ce	ll: (<u>)</u>					
OCCUPATION:	EMPLOY	′ER:					
MOTHER'S NAME:	Ce	:ll: ()					
OCCUPATION:	EMPLOY	′ER:					
PARENT(S) EMAIL ADDRESS	3:						
NUMBER OF BROTHERS AN	D SISTERS:						
Are any of them attending colle	ege? If yes	how many?					
If so, indicate where they are a	attending:						
If someone other than your pa	rents financially supports	vou please indicate:					
If someone other than your par							
ADDRESS:							
CITY:	STATE:	ZIP:					
OCCUPATION:	EMPLOYER:						
List any unusual expenses you	ır parent or guardian has:						

COLLEGE AND CAREER GOALS

NAME: _____

Name of the college you plan to attend: _	
What major will you pursue?	
What degree do you expect to receive? _	
What are your plans after receiving your c	egree?

<u>COLLEGE COSTS FOR YOUR FRESHMAN YEAR</u> (Do not include personal expenses)

Tuition and Fees:

Room and Board:

Books and Supplies: _____

Total Cost: _____

PERSONAL CHARACTERISTICS

Do you smoke tobacco?

Do you use illegal drugs?

Do you use alcoholic beverages?

FINANCIAL INFORMATION

To be considered for this Scholarship it is required that you attach a copy of the portion of your Free Application for Federal Student Aid (FAFSA) form which sets forth the Expected Family Contribution (EFC).

EDUCATIONAL INFORMATION

GPA _____

Please attach a copy of your official high school transcript.

<u>ESSAY</u>

Please prepare a 200-250 word essay about yourself, your goals and objectives in life. The essay should be typewritten and double-spaced on a separate sheet of paper.

REFERENCES

Please attach to this application two letters of reference from organization leaders, business people or teachers who are not related to you.

Please attach copies of this page if additional space is needed.

<u>EMPLOYMENT</u> (During high school years only)

Employer	Type of Work	No. of Hours Per Week	Dates of employment From: To:
Example: John Doe Restaurant	Wait staff	10	07/01/16 to 02/15/17
	TEER ACTIVITI	 <u>ES</u> (During hig	gh school years only)
Organization Name	Type of Activity	No. of Hours Per Week	Dates of Involvement From: To:
Example: Big Brothers/Big Sisters	Mentoring	3	10/01/16 to present
<u>SCHOOL & SPORT ACTI</u>	 VITIES (During h	igh school ye	ars only)
Organization/Sport	Type of Activity	/ No. Hours Per Week	
Example: Student Government	leadership	4	36 Fr, So, Jr, Sr

Example: Si	tudent Government	leadership	4	36	Fr, So, Jr, Sr
				<u> </u>	

Date

Applicant's Signature

Name of School

Print Name

ONLY COMPLETED APPLICATIONS RECEIVED BY THE DEADLINE AND ACCOMPANIED BY ALL REQUIRED SUPPORTING DOCUMENTATION WILL BE CONSIDERED FOR THIS SCHOLARSHIP.

C&N Wealth Management 423 Reuter Blvd, Towanda, PA 18848 1.888.987.8784

A complete application package must include:

Signed and dated Application

FAFSA with Estimated Family Contribution

Official Transcript

Essay

TWO Letters of Reference

To type your application or for additional copies please visit:

www.cnbankpa.com/Every