



Franklin County Veterans Affairs

We Support You Scholarship

HIGH SCHOOL SENIOR APPLICATION

Today's Date: (MM/DD/YYYY)	Applicant's Date of Birth: (MM/DD/YYYY)		
Applicant's First Name:	Last Name:	Middle Initial:	
Phone Number:	Email Address:		
Street Address:			
City:		State:	Zip:
How long have you lived at this address?		Are you a Franklin County Resident? YES NO	
Name of High School Attending:			
High School Street Address:			
City:		State:	Zip:
Graduation Date: (MM/DD/YYYY)		Phone Number of High School:	
Father's Name:		Father's Address:	
Father's Employer:		Father's Occupation:	
Mother's Name:		Mother's Address:	
Mother's Employer:		Mother's Occupation:	
Legal Guardian's Name:		Legal Guardian's Address:	
Legal Guardian's Employer:		Legal Guardian's Occupation:	
Veterans Name:		Veterans Relationship to Applicant:	
Veterans Branch of Service:		Veterans Type of Discharge:	
Does the Veteran have a Service-Connected Disability?		Veterans Date of Death:	

Please list siblings or others dependent on family income.

Provide Name, age, grade and school attending (or occupation, if applicable), with each person being listed on a separate line below.

Name	Relationship	Age	Grade	School Attending (or Occupation)
Applicant Name:				



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Please type or print your responses to the following questions. Use additional paper if necessary.

2. List and give dates of all academic achievements, activities, civic honors, awards, &/or work experiences you have received/participated in during high school. Be sure to include leadership roles, if applicable. Make additional copies if needed.

Circle Grade Level Below	Activity/Award (ex: Student of the Month, Sept. 2016) (ex: Greyhound Varsity Football, quarterback, Lettered 10, 11 & 12 grades) (ex: Part time Employee-drive through order taker)	Group/Team (ex: Lunchtime Lions Club) (ex: Team Captain) (ex: McDonald's of Chambersburg)
9th 10th 11th 12th		

Applicant Name:



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3. List in order of Personal Preference the names of academic institutions to which you have applied & the name of the program or degree anticipated. Indicate if you have been accepted, rejected or pending acceptance into their program.

Name of Academic Institution	Degree Anticipated	Accepted; Rejected; Pending Acceptance?
1		
2		
3		

4. List all other scholarships you have applied for.

Scholarship Name	Received	Dollar Amount
	<u>YES</u> <u>NO</u> <u>PENDING</u>	\$

5. Using the chart below, itemize your anticipated annual expenses:

Category	Estimated Cost
Tuition	\$
Room and Board	\$
Textbooks	\$
Transportation	\$
Other (list)	\$
TOTAL	\$

6. Using the chart below, itemize your anticipated annual expenses:

FAMILY \$	APPLICANT \$	
Applicant Name:		Guidance Submission Page 1 of 3



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WE SUPPORT YOU SCHOLARSHIP REFERENCE

TO BE COMPLETED BY HIGH SCHOOL GUIDANCE COUNSELOR

Name of High School:		
Street Address:		
City:	State:	Zip:
Applicants' Career Goals:		

H.S. Graduation Date:	Cumulative Class Rank:
Cumulative GPA:	Total H.S. Class Size:

Attendance Information:

Current School Year:	# Days Absent:	# Days Tardy:
Previous School Year:	# Days Absent:	# Days Tardy:

Test Score Information:

SAT:	Reading:	Math:	Writing:	Date:
	Reading:	Math:	Writing:	Date:
	Reading:	Math:	Writing:	Date:
ACT:	Composite:	Date:		

The above listed student is applying for a scholarship toward higher education in an accredited institution. Please assist by providing the following information:

1. Describe your relationship with this applicant.

Applicant Name:

Guidance Submission
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2. Please answer the following as they relate to your knowledge of the applicant and his/her aptitude:

A. Describe the applicant's level of maturity-reliability, ability to deal with new situations, etc.

B. Assess the applicant's approach to academic life. Indicate initiative, conscientiousness, determination, promptness, accuracy, etc.

C. Why do you feel this applicant would be successful?

Applicant Name:

**Guidance Submission
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D. Give any personal comments that would further describe the applicant, his/her character, personality, attitude, etc.

The information I provided is accurate and true, to the best of my knowledge.

H.S. Guidance Counselor Signature:	Printed Name:
Email Address:	Phone Number:

GUIDANCE SUBMISSION: Applications are to be completed and returned to the applicant in a sealed envelope.

Deadline for the applicant's completed application to be considered, it must be submitted in person to Franklin County Government by 4:30 PM on Monday, March 30, 2026 or postmarked March 30, 2026, in its entirety.

Your help in providing this information is greatly appreciated. If you have any questions concerning this reference form, please contact Franklin County Veterans Affairs at 717-263-4326, between the hours of 8:30AM - 4:30 PM. Thank You!



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WE SUPPORT YOU SCHOLARSHIP REFERENCE

(Applicant should complete the highlighted portion only)

First Reference Submission

Page 1 of 3

Applicant's First Name:	Last Name:	Middle:
Phone Number:	Email Address:	
Street Address:		
City:	State:	Zip:
Applicants' Career Goals:		

**THE FOLLOWING IS TO BE COMPLETED BY AN ADULT WHOM YOU BELIEVE
WILL PROVIDE A POSITIVE RECOMMENDATION:**

The above listed student is applying for a scholarship toward higher education. Please assist by providing the following information:

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2. Please answer the following as they relate to your knowledge of the applicant and his/her aptitude:

A. Describe the applicant's level of maturity-reliability, ability to deal with new situations, etc.

Applicant Name:

First Reference Submission

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B. *Describe the applicant's level of maturity-reliability, ability to deal with new situations, etc.*

C. *Assess the applicant's approach to academic life. Indicate initiative, conscientiousness, determination, promptness, accuracy, etc.*

D. *Why do you feel this applicant would be successful?*

Applicant Name:

**First Reference Submission
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Second Reference Submission

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City:	State:	Zip:
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C. *Assess the applicant's approach to academic life. Indicate initiative, conscientiousness, determination, promptness, accuracy, etc.*

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