

THE JOSEPH R. EVERY SCHOLARSHIP FUND

Completed application and all supporting documentation must be returned to:

- Your Guidance Office by Monday, April 7, 2025 or
- A C&N office by Friday, April 11, 2025

Please type or print in ink.

PERSONAL DATA

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: Home: (____) _____ Cell: (____) _____

DATE OF BIRTH: _____ EMAIL ADDRESS: _____

FATHER'S NAME: _____ Cell: (____) _____

OCCUPATION: _____ EMPLOYER: _____

MOTHER'S NAME: _____ Cell: (____) _____

OCCUPATION: _____ EMPLOYER: _____

PARENT(S) EMAIL ADDRESS: _____

NUMBER OF BROTHERS AND SISTERS: _____

Are any of them attending college? _____ If yes how many? _____

If so, indicate where they are attending: _____

If someone other than your parents financially supports you, please indicate:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OCCUPATION: _____ EMPLOYER: _____

List any unusual expenses your parent or guardian has:

NAME: _____

COLLEGE AND CAREER GOALS

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 degree? _____

COLLEGE COSTS FOR YOUR FRESHMAN YEAR (Do not include personal expenses)

Tuition and Fees: _____

Room and Board: _____

Books and Supplies: _____

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 Student Aid Index (SAI).

EDUCATIONAL INFORMATION

GPA _____

Please attach a copy of your official high school transcript.

ESSAY

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.

NAME: _____

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

EMPLOYMENT (During high school years only)

Employer	Type of Work	No. of Hours Per Week	Dates of employment From: To:
<i>Example: John Doe Restaurant</i>	<i>Wait staff</i>	<i>10</i>	<i>07/01/09 to 02/15/10</i>

COMMUNITY & VOLUNTEER ACTIVITIES (During high school years only)

Organization Name	Type of Activity	No. of Hours Per Week	Dates of Involvement From: To:
<i>Example: Big Brothers/Big Sisters</i>	<i>Mentoring</i>	<i>3</i>	<i>10/01/09 to present</i>

SCHOOL ACTIVITIES (During high school years only)

[illegible]

Date

Applicant's Signature

Name of High 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
90-92 Main Street, Wellsboro, PA 16901
1-800-487-8784

A complete application package must include:

- ____ Signed and dated Application
- ____ FAFSA with Student Aid Index
- ____ Official Transcript
- ____ Essay
- ____ TWO Letters of Reference

To type your application or for additional copies please visit:

www.cnbankpa.com/Every