

**2016 RALPH and MARY LOU McALLISTER  
SCHOLARSHIP TRUST FUND  
Application Form**

**For High School Students**

**PLEASE PRINT CLEARLY OR TYPE**

Student's Full Name: Ms. / Mr. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Major Field of Interest \_\_\_\_\_ Starting date of college: \_\_\_\_\_

College or University in which you plan to attend \_\_\_\_\_

Yearly cost of institution you are attending \_\_\_\_\_

How do you propose to finance your education? Check the appropriate line.

A. By parents \_\_\_\_\_ B. By Loans \_\_\_\_\_ C. By Earnings \_\_\_\_\_

D. Grants-PHEAA \_\_\_\_\_ PELL \_\_\_\_\_ Scholarship \_\_\_\_\_ E. Work Study \_\_\_\_\_

Please explain if necessary \_\_\_\_\_

Parent's or Guardian's Statement:

A. Father or Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Occupation \_\_\_\_\_

B. Mother

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Occupation \_\_\_\_\_

Extra-curricular activities grades 9 – present \_\_\_\_\_

Offices or Leadership positions grades 9 – present \_\_\_\_\_

Honors & Awards (state the year and nature of honor or award) \_\_\_\_\_

Community Activities \_\_\_\_\_

Hobbies \_\_\_\_\_

Work Experience (number of years): \_\_\_\_\_

**Essay**

**Please attach an essay of 500 words or less in which you describe your most rewarding experience giving to the community and why.**

**Recommendations**

Please submit three recommendations from non-relatives-at least one of which is a teacher or guidance counselor, and one from a person familiar with your interest. Give each person you are requesting a recommendation from a stamped envelope addressed to:

Ralph and Mary McAllister Scholarship Trust Fund  
c/o Armstrong Educational Trust,  
81 Glade Drive, Kittanning, PA 16201.

My three recommendations will be requested from:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List below any other factors you consider important in evaluating your scholarship application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part I Continued:**

**FOR HIGH SCHOOL STUDENTS**

**TO BE FILLED OUT BY THE GUIDANCE COUNSELOR**

Grade Point Average \_\_\_\_\_

Class Rank \_\_\_\_\_

SAT Scores: Verbal \_\_\_\_\_

Math \_\_\_\_\_

Total \_\_\_\_\_

**Please enclose a transcript of your grades**

Signature of Guidance Counselor: \_\_\_\_\_

Please deliver or mail completed application to:

Armstrong Educational Trust,  
81 Glade Drive  
Kittanning, PA 16201.

**Make sure to include your transcript of grades and essay.**

**Due date: April 22, 2016**

I declare that the information reported on this form to the best of my knowledge, is true, correct and complete.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_