

**2008 GRADUATE
EAST STROUDSBURG EDUCATION FOUNDATION SCHOLARSHIP
Post Office Box 738, East Stroudsburg, PA 18301**

The Fund shall be used for the purpose of assisting needy, worthy and eligible students who have demonstrated overall excellence to acquire a college degree. Scholarships shall be awarded from the Fund on the basis of the following guidelines and criteria:

1. One scholarship is planned to be awarded annually, but the Foundation may award more than one. The recipient of the scholarship assistance shall be determined not later than APRIL of each year. The Foundation may, at its discretion, delay public announcement of the identity of the recipients until graduation or other appropriate award ceremonies. In the event that no student qualifies for scholarship aid in any given year, any fund income for that year shall be added to and become a part of the funds available the following year.
2. The Scholarship shall be in the amount of \$500.00.
3. Recipients of scholarship award shall be selected by a committee comprised of an administrator, a guidance counselor, and two foundation members. The committee will independently read the applications without knowledge of names. Applications will be ranked and sent to the President of the Foundation. The top ranked applicant will receive the scholarship.
4. Only those students who have less than 50% of tuition paid through scholarship will be considered for these scholarships.

EAST STROUDSBURG EDUCATION FOUNDATION SCHOLARSHIP

(Administered by the East Stroudsburg Education Foundation)

East Stroudsburg High School

East Stroudsburg, Pennsylvania 18301

THIS APPLICATION MUST BE SUBMITTED TO THE GUIDANCE OFFICE

APPLICANT'S NAME: _____
(Last Name) (First Name) (M.I.)

PARENT OR GUARDIAN: _____

ADDRESS: _____ PHONE: _____

_____ ZIP CODE: _____

DATE OF BIRTH: _____

EDUCATIONAL PLANS

I will be attending _____
(College/University)

_____ (Address)

INTENDED COURSE OF STUDY:

INTENDED EXTRA-CURRICULAR ACTIVITIES:

FINANCIAL AID/TUITION INFORMATION:

Annual Tuition Cost: \$ _____. If awarded, this scholarship is to be used for educational costs for the period _____ to _____.

Checks will be paid directly to the educational institution.

PERSONAL INTERESTS & ABILITIES

COMMUNITY INTERESTS & SERVICES:

REFERENCES:
(At least one (1)
Teacher from the
E.S.A.S.D)

Name

Address

Phone

EAST STROUDSBURG EDUCATION FOUNDATION SCHOLARSHIP

The information shown below will be used to process your scholarship under the East Stroudsburg Education Fund. Please take care to indicate all information requested correctly.

Name: _____ Date of Birth: _____

Address: _____ Social Security # _____

Home Telephone No: _____ Graduation Date: _____

College you will be attending following Graduation: _____

Date you will start College: _____

Date

Signature

PAST GRADUATE COMPLETE THIS SECTION

College Attending: _____

Number of Semesters Completed: _____

Fall Semester Start Date: _____

Date

Signature

PLEASE DO NOT WRITE ANYTHING BELOW

College Address for Processing: _____

Special Disbursement Provisions: _____

Checklist:

Board Approval - Date: _____ Other _____
Promissory Note Completed - Date _____
Certification of Acceptance - Date _____

AGREEMENT WITH THE EDUCATION FOUNDATION.

The undersigned, in consideration of the award and receipt of the sum of _____ from the Education Foundation and intending to be legally bound, hereby agrees as follows:

1. That _____ ("recipient") received the above sum in the form of scholarship aide from the East Stroudsburg Education Foundation.
2. That the undersigned has/have received a copy of the administrative Policy and Procedures as adopted by the East Stroudsburg Education Foundation governing the administration of the fund, a copy of which is attached hereto and made a part hereof. The undersigned hereby agrees to be bound by the conditions and requirements of said administrative Policy and Procedures, including the requirement of repayment of any and all scholarship amounts, together with interest, in the event recipient fails to complete the college program undertaken by recipient.
3. That, in the event that recipient fails to comply with the conditions and requirements of said Administrative Policy and procedures, including the requirement of completion of the college program undertaken by the recipient, then in any such event, the above stated sum, together with any additional sums paid to or for the benefit of the recipient from the fund shall become immediately due and payable to the East Stroudsburg Education Foundation. The undersigned further hereby authorizes and empowers any attorney of any court of record in Pennsylvania, or elsewhere, to appear for, and to confess judgment against him, her, them, jointly or severally, for the total amount of scholarship aid paid to or for the benefit of recipient with interest thereon, costs of suit, and with ten (10%) per cent added for collection fees, and with release of errors, and the undersigned hereby waives and releases all relief from any and all appraisalment, stay or exemption laws of any state, in force, or hereafter to be passed.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed this _____ day of _____

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(Student Signature (if over 18 years old))

Parent/Guardian's Signature (if student under 18)

COMMONWEALTH OF PENNSYLVANIA:
COUNTY OF MONROE

:ss

On the ____ day of _____, 20____, before me, the undersigned officer, personally
Appeared _____

_____ known to me (or satisfactory proven) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledge that he/she/they executed the same for the purposes therein contained, and desired the same might be recorded as such

IN WITNESS WHEREOF, I hereunto set my hand and official seal.