



The Chester County High School Alumni Scholarship

This is a scholarship award given by the Chester County High School Alumni Association to CCHS students who portray leadership in his/her school and community. The Chester County High School Alumni Association Scholarship Award is determined year by year based on funds available. The scholarship requires that the student enroll and register for classes and the award will be paid directly to the school of choice. Applications must be submitted to Mr. Insell no later than April 15, 2023.

Eligibility Requirements & Application Instructions

Complete applications must include the following

- A completed application form including applicant's signature and parent/guardian signature
- Two recommendations received by the deadline (attached forms may be used or separate letters)
- Copy of high school transcript
- ACT Score
- Proof of acceptance/attendance to an accredited college or university (copy of acceptance or other proof)
- Any other information which you feel would aid the Scholarship Committee in the selection process

The Scholarship Committee of the Chester County High School Alumni Association will make a selection to be announced at a later date.

If you have additional questions, feel free to reach out to Mr. Insell

Chester County High School Alumni Scholarship Application

I. GENERAL INFORMATION Date:

Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____
Parent / Guardian Name: _____
Parent / Guardian Address: _____

II. GENERAL STUDENT INFORMATION

Number of siblings How many are living at home?
Have you ever been or are you currently employed? Yes No
If yes, where?

List your activities and club memberships in community, school, church, etc, including any offices held, and all work experiences. (List on separate sheet if necessary):

List any awards or special honors you have received:

IV. PROGRAM INFORMATION

Name of college or university you are planning to attend: _____
Have you been accepted? Yes No (remember to provide proof of acceptance).
Tuition cost (yearly) Books, travel, and other expenses (yearly): _____
Total amount of financial aid the student is receiving: _____
What other scholarships have been applied for? _____

V. Comment . Explain any family circumstances the committee should know in considering your application. (Another page may be attached)

VI. REFERENCES AND RECOMMENDATIONS. List two references the committee may expect from you. Have both references complete a recommendation form and send it to *Mr. Insell*

(Notify references that forms have to be received by the deadline date.)

REFERENCES

(1) Name: _____

Address: _____

Title / Position & Relationship to Applicant: _____

Telephone: _____

(2) Name: _____

Address: _____

Title / Position & Relationship to Applicant: _____

Telephone: _____

IX. ESSAY. Student Applicant, please "talk" to us here in clear and orderly language about yourself.

1) Why do you feel you need or can benefit from this scholarship?

2) What are your goals for the next few years? What do you hope to accomplish and how do you see the prospects of a higher education affecting the rest of your life?

Chester County Alumni Association

Recommendation Form

Name of Applicant

Name of Reference

Title/Position and Relationship to Applicant

1) Since one part of our decision making process is based on need, please include your knowledge of the applicant's financial status. Please note any special circumstances that will better aid us in making a final decision.

2) Another part of our decision making process depends on community involvement, academic aspirations, and accomplishments. Please give us your thoughts on the applicant with these elements in mind.

Signature of Reference

Please note: This form must be received by April 15 with the completed application.