

THE SARA AND WARREN WELCH FOUNDATION SCHOLARSHIP LOAN APPLICATION GUIDELINES

The Sara and Warren Welch Foundation Scholarship Loan is awarded to selected recipients annually. The maximum amount of loan is subject to change. Applicants are expected to repay scholarship loan. Criteria for selection are merit based on prior academic performance; performance on tests; recommendations; financial need; motivation; and plans to further their education.

Application Procedure

Applications for the scholarship may be obtained by a written request, addressed to The Sara and Warren Welch Foundation, P. O. Box 125, Newville, Pennsylvania. Completed applications should be returned promptly to P. O. Box 125, Newville, Pennsylvania, 17241-0125, by no later than **June 30**.

Upon approval of loan, funds will be paid directly to the school of your choice. Proceeds of loan must be used for educational purposes only.

Applicant must reapply for scholarship loan each year.

Repayment of loan will begin no later than four (4) months after graduation or termination of study. Monthly payments, including interest at four (4%) percent, will begin at that time and will continue no longer than five (5) years--unless approved by The Sara and Warren Welch Foundation's Board of Directors. A minimum payment of \$60.00 per month will be required.

Guidelines

1. Applicant must be graduated from Big Spring School District.
2. Any senior or graduate is eligible to apply for the scholarship. Letters of reference from one teacher and from one guidance counselor and copy of high school transcript must accompany application.
3. The applicant must be accepted by any type of accredited post-secondary institution.
4. Recipients must become and remain full-time students at the chosen institution.
5. **Transcripts of grades must be submitted to the Board of Directors by the recipient on a regular basis.**

If you are a RE-APPLICANT, you MUST send a copy of your current semester grades with this application.

Parent Information:

Name	Relation (Father, Guardian, Spouse, etc.)	Age
Street Address	City, State, Zip	Home Phone
		Work Phone
Occupation	Employer	Years Employed

Name	Relation (Mother, Guardian, Spouse, etc.)	Age
Street Address	City, State, Zip	Home Phone
		Work Phone
Occupation	Employer	Years Employed

List all children, including applicant, currently residing with you.

Name:	Name of Present School / College or Occupation	Age
(Applicant)		
(Others)		

List any other dependents receiving financial support from family.

Name:	Relationship:

Parent's Annual Income & Expenses

		Total This Year	Estimated Next Year
a) Salaries & Wages before Taxes	Father Mother	_____	_____
b) Other Income (Dividends, Social Security, Interest, etc.)	Father Mother	_____	_____
c) Gross Income (a + b)			
Living Expenses:			
d) Rent / Mortgage			
e) Car Payment			
f) Loan Payment			
g) Other			

h)			
i)			
Total:			

WE CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE & CORRECT. WE AGREE TO NOTIFY THE BOARD OF DIRECTORS IF THERE IS A SUBSTANTIAL CHANGE IN THE ECONOMIC SITUATION PRESENTED HERE. (FAILURE TO DO SO COULD POSSIBLY DISQUALIFY STUDENT.) WE ALL AGREE TO THE RULES & REGULATIONS OF THE SARA & WARREN WELCH FOUNDATION AND BY SIGNING THIS DOCUMENT, AGREE TO BE RESPONSIBLE FOR THE REPAYMENT OF ALL LOANS UNTIL PAID IN FULL BY DUE DATE & AGREE THAT COMMUNICATIONS AND INFORMATION CONCERNING THIS LOAN & ITS REPAYMENT STATUS MY BE SENT TO BOTH APPLICANT AND PARENT(S).

DATE: _____

Student (Applicant) Signature

Parent Signature

Parent Signature

References:

Name Address Phone

Name Address Phone

Name Address Phone

**If you have any questions about completing this application, please call:
Mr. Stephen Ginter @ 776-5775.**

THANK YOU FOR APPLYING.