SULLIVAN COUNTY TRAIL ASSOCIATION
P. O. BOX 414
NEVERSINK, N.Y. 12765

2021-2022 SCHOLARSHIP APPLICATION

NAME:_____

STREET ADDRESS:_____

CITY:_____STATE:_____ZIP:_____

HOME PHONE:_____

PARENTS/GUARDIANS:_____

NAME OF HIGH SCHOOL:_____

PLEASE LIST YOUR SCHOOL ACTIVITIES:_____

_____

_____

DESCRIBE ANY COMMUNITY ACTIVITIES IN WHICH YOU HAVE BEEN INVOLVED:

_____

_____

_____

HAVE YOU BEEN EMPLOYED:_____IF YES, WHERE:_____

DUTIES THERE:_____

COLLEGE OR UNIVERSITY YOU PLAN TO ATTEND:_____

_____

HAVE YOU BEEN ACCEPTED?_____

NAME OF YOUR MAJOR (MUST BE A FIELD AS NOTED UNDER QUALIFICATIONS):

_____

I. ON A SEPARATE SHEET OF PAPER, PLEASE TELL US, IN ABOUT 100 WORDS, ABOUT YOURSELF, YOUR LIFE GOAL, YOUR VOCATION, AND THE REASONS WHY YOU HAVE DECIDED ON THE ABOVE NAMED MAJOR AND THE COLLEGE OR UNIVERSITY.

II. PLEASE SUBMIT THREE (3) LETTERS OF RECOMMENDATION FROM EITHER:

A. GUIDANCE COUNSELOR OR TEACHER
B. YOUR CHURCH OR MINISTER
C. YOUR EMPLOYER
D. A SCOUTMASTER OR SUPERVISOR OF ANY EXTRACURRICULAR ACTIVITIES.

III. A COPY OF YOUR GRADES.

SIGNED:_____ DATE:_____

TO QUALIFY, THE APPLICANT MUST BE A SENIOR IN A SULLLIVAN COUNTY HIGH SCHOOL, **OR** WHOSE PARENTS/GUARDIANS ARE MEMBERS IN GOOD STANDING OF THE SULLIVAN COUNTY TRAIL ASSOCIATION, **AND** WHO PLANS ON **MAJORING IN AN ENVIRONMENTAL FIELD** SUCH AS: FORESTRY PRESERVATION, WILDLIFE MANAGEMENT, ENVIRONMENTAL BIOLOGY, SOIL & WATER CONSERVATION, ETC.

THE APPLICATION MUST BE RETURNED TO THE SULLIVAN COUNTY TRAIL ASSOCIATION AT P. O. BOX 414, NEVERSINK, N. Y. 12765, BEFORE MAY FIRST OF THE CURRENT YEAR.

THE SCHOLARSHIP MONIES WILL BE DISBURSED TO THE STUDENT UPON OUR RECEIPT OF A COPY OF THEIR FIRST COLLEGE SEMESTER GRADE TRANSCRIPTS.