



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

Dear High School Guidance Counselors:

The Sullivan County Trail Association once again is offering a scholarship to ANY Sullivan County High School Senior, OR any High School Senior whose parent or guardian is a member-in-good standing of our club, who plans to major in an Environmental field of study, such as Forestry, Wildlife Management, Environmental Biology, Soil & Water Conservation, etc. Students who are entering any other fields will not be eligible for this scholarship.

A copy of our current application is enclosed, and is also available on our website: www.sctrailsassoc.com. Applications MUST be returned to us by May 1, 2024, in order to be accepted. The scholarship will be paid to the student selected upon our receipt of a copy of their first college semester grade transcript.

With the cost of college expenses rising each year, we are looking forward to being of some help to the student. Your help is sincerely appreciated. If you have any questions, please contact me at 845-292-4013, evenings.

Very truly yours,

Cheryl A. Muthig
Secretary, S.C.T.A.



SULLIVAN COUNTY TRAIL ASSOCIATION

P. O. BOX 414

NEVERSINK, N.Y. 12765

SCHOLARSHIP APPLICATION

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME/CELL 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/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 SULLIVAN 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.