

## Adams County Community Foundation Emory H. & Luther D. Snyder Littlestown Foundry Scholarship Application

**About:** The Emory H. & Luther D. Snyder Littlestown Foundry Scholarship is a \$1,000 per year renewable (up to four years) scholarship open to any student who is a direct descendent of a current full-time employee or official retiree of Littlestown Foundry, Inc. Students may live outside of Adams County, Pennsylvania. Owners or family members of Littlestown Foundry, Inc. stockholders are ineligible for this scholarship.

| Please type or legibly print your answ  | ers.           |         |  |  |
|---|----------------|---------|--|--|
| Last Name:  | First Name:    |         |  |  |
| Mailing Address:  |                |         |  |  |
| Street:   |                |         |  |  |
| City:   | State:         | Zip:    |  |  |
| Cell Number: ( )  | Email Address: |         |  |  |
| Date of Birth: Month Day  | Year           | Gender: |  |  |
| Name & address of parent(s) or legal guardian(s) if under age 18: (Include address if different than your own listed in Question 2.)  |                |         |  |  |
| Name(s):  |                |         |  |  |
| Street:   |                |         |  |  |
| City:   | State:         | Zip     |  |  |
| Cell contact of parents or legal guardi   | ians:          |         |  |  |
| Provide the name of the Littlestown Foundry, Inc. employee/retiree you are a descendent of. (NOTE: Owners or family members of Littlestown Foundry, Inc. stockholders are not eligible for this scholarship). |                |         |  |  |
| Are you planning on receiving a   |                |         |  |  |
| Associates Degree<br>Bachelor's Degree<br>Trade School Certification<br>Tech School Degree  |                |         |  |  |



List intended major or study:

**Essay 1:** Please provide a brief description of your high school experience, including participation in school activities and community involvement.

**Essay 2:** Make a statement of your plans as they relate to your educational and career objectives and future goals.

**Essay 3:** Please describe how and when an unusual family or personal circumstance affected your achievement in school or your participation in school or community activities.

**Transcript:** Request a sealed copy of your transcript to be sent to Adams County Community Foundation before the March 15 deadline.

**Affirmation:** I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used for promotional purposes.

I hereby understand that if chosen as a scholarship winner, according to Adams County Community Foundation's Scholarship policy, it is my responsibility to remit to the Community Foundation the appropriate information for my scholarship to be paid directly to my educational institution.

| Signature of scholarship applica | ınt: |  |
|----------------------------------|------|--|
|                                  |      |  |
| Date:                            |      |  |
|                                  |      |  |

## Mail or deliver complete application package to

Adams County Community Foundation – Littlestown Foundry Scholarship 25 South 4th Street Gettysburg, PA 17325

**Deadline:** March 15