

**THE WESLEY JOHN ARBAUGH MARTIN MANCHESTER VALLEY
LACROSSE MEMORIAL SCHOLARSHIP APPLICATION**

APPLICATION DATE (mm/dd/yyyy): _____

STUDENT

Name: _____

Date of Birth: _____ Social Security Number _____

Address: _____

Phone: _____ Email address _____

Attending Manchester Valley High School and playing Lacrosse for two years _____)

Expected Graduation Date: _____

Cumulative G.P.A.(Weighted) _____ (Non-Weighted) _____

SAT or ACT scores or other like _____

FAMILY INFORMATION (or Guardian if applicable)

	<u>Mother</u>		<u>Father</u>
Names:	_____	_____	_____
Address(es):	_____	_____	_____
Occupation:	_____	_____	_____
Income:	_____	_____	_____
Number of Children in Family and Ages:	_____		

EDUCATIONAL INSTITUTION

Accepted by _____
(Name of Institution)

(Location)

1. Please attach your unofficial transcript to this application. Please write scores in spaces provided; not, "see attached".
2. Please list your activities at your high school, community (including service clubs or projects), sports, civic groups and church activities in which you have taken part.
3. Please attach a Letter of Recommendation from your Lacrosse coach.
4. Please attach an essay telling us how playing Lacrosse helped you decide on your life goals. The document format should be typed, double-spaced, and may not exceed 1500 words.

**The complete application package should be returned by April 15 to
The Community Foundation of Carroll County, 255 Clifton Blvd. Suite 313, Westminster, MD 21157**

Please include all attachments for your application to be considered.
A Scholarship Fund of the Community Foundation of Carroll County, Inc.