ALICE M. YARNOLD AND SAMUEL YARNOLD SCHOLARSHIP TRUST

APPLICATION FOR 2025-2026 SCHOLASTIC YEAR

TRANSCRIPT*

Please *include a <u>certified</u>* copy of your most recent Technical School, College or University transcript. DO NOT SEND SEPARATELY!

REFERENCES*

Two recommendations must be included as part of your application. The recommendations must be no older than two years old. At least one recommendation must be from a professor or instructor at the technical school, college, or university where you are currently enrolled.

FINANCIAL AID INFORMATION *

You must complete the preliminary financial information request on page 2 of this application *or* submit a copy of your parents [if you are claimed as a dependent] and your own 2024 federal tax return [without schedules] AND a financial aid application form (FAFSA). The Student Aid Report (SAR) that you subsequently receive following submission of the FAFSA must be filed with your application no later than *June 16, 2025* for your application to be considered in the 2025-2026 award cycle.

SUBMIT COMPLETED APPLICATION, INCLUDING ALL DOCUMENTATION, BY <u>06/16/2025</u>. DO NOT SEND ANY OF THE MATERIALS SEPARATELY

Submit online at yarnoldscholarshiptrust.org.

* NOTE: APPLICATIONS WILL NOT BE CONSIDERED BY THE TRUSTEES UNLESS ALL DOCUMENTS INCLUDING APPLICATION, ESSAY, REFERENCES, PRELIMINARY FINANCIAL INFORMATION OR COPY OF 2024 FEDERAL TAX RETURN, TRANSCRIPTS AND THE STUDENT AID REPORT OF THE FAFSA IS RECEIVED BY JUNE 16, 2025.

CHECKLIST

APPLICATION
ESSAY
REFERENCES (NO OLDER THAN 2 YEARS OLD)
FINANCIAL INFORMATION OR TAX RETURN
FAFSA REPORT
TRANSCRIPT

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APPLICATION SECTION 1: Applicant Information: Birth Date: / / First Name Middle Initial Last Name Birthplace: Physical Address SSN: - -Mailing Address if different then above Home/Cell phone Email address **SECTION 2:** Current Education For the 2025-2026 scholastic year I will be: University/College/School: Expected Graduation Date: Current year of study [check one]: ___ 1 ___ 2 ___ 3 ___ 4 // ___ Full Time or ___ Part Time [check one] Focus [check one]: ___ BSW PA MD DO MSW LPN ADN __ MSN PhD _ DNP NP BSN **SECTION 3:** Prior Education Information: (Complete all applicable) Name and Location Graduation Year High School: Technical School: College/University: **SECTION 4:** Activities and Work Experience Attach your resume listing employer(s) and all community and school activities in which you have participated. Include sports,

student government, volunteer projects, etc.

SECTION 5: Essay

On separate paper, please respond to the following question, limiting your response to no more than 500 words: What is one thing you have learned in your studies to date that was unexpected and how has this changed your vision for future practice in your chosen discipline?

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SECTION 6: Preliminary Applicant Financial Information

This section will provide preliminary information regarding your financial status and need. The information provided in this section will be verified by the FAFSA and Student Aid Report you receive following completion of the FAFSA.

Your application will not be considered if you fail to complete the FAFSA and submit, no later than June 16, 2025, the Student Aid Report generated by your completed FAFSA. Other sources will be obtained, as needed, to verify the financial need of all applicants.

A. Number of family members living at home [include those currently attending college]
 B. Number of family members enrolled in colle full time [> 12 credits/term] part time [< 12 credits/term] 	
C. Parents 2024 income as reported on Form 10	040, 1040A, or other appropriate form
D. Applicant's 2024 income as reported on For	m 1040, 1040A, or other appropriate form
a manhaidigad lagus	it documentation of loan]
F. Total projected college expenses for 2025-20 tuition and fees room and board books	
CE	RTIFICATION
	nd complete to the best of my knowledge. I understand that the l, for review by the Trustees of the Alice M. Yarnold and Samuel
Student Signature	Date