

**ALICE M. YARNOLD AND SAMUEL YARNOLD SCHOLARSHIP TRUST**

APPLICATION FOR 2026-2027 SCHOLASTIC YEAR

TRANSCRIPT \*

Please *include a certified* 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 2025 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 15, 2026*** for your application to be considered in the 2026-2027 award cycle.

SUBMIT COMPLETED APPLICATION, INCLUDING ALL DOCUMENTATION, BY 06/15/2026.  
DO NOT SEND ANY OF THE MATERIALS SEPARATELY

Submit online at [yarnoldscholarshiptrust.org](http://yarnoldscholarshiptrust.org).

**\* NOTE: APPLICATIONS WILL NOT BE CONSIDERED BY THE TRUSTEES UNLESS ALL DOCUMENTS INCLUDING APPLICATION, ESSAY, REFERENCES, PRELIMINARY FINANCIAL INFORMATION OR COPY OF 2025 FEDERAL TAX RETURN, TRANSCRIPTS AND THE STUDENT AID REPORT OF THE FAFSA IS RECEIVED BY JUNE 15, 2026.**

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		

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**SECTION 2: Current Education**

For the 2026-2027 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]

Medicine and Nursing Focus [check one]:

\_\_\_ MD \_\_\_ DO \_\_\_ PA \_\_\_ LPN \_\_\_ ADN \_\_\_ BSN \_\_\_ MSN \_\_\_ NP \_\_\_ PhD \_\_\_ DNP

Social Work Focus [check one]

\_\_\_ MSW

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**SECTION 3: Prior Education Information: (Complete all applicable)**

Name and Location	Graduation Year
High School: _____	_____
Technical School: _____	_____
College/University: _____	_____
Other: _____	_____

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**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.

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**SECTION 5: Essay (Choose one)**

On separate paper, please respond to the following question, limiting your response to no more than 500 words:

Question 1: Who motivated you to seek a career in your chosen health profession? What was it about this person that sparked you to embark on this path?

OR

Question 2: Discuss one specific strategy you would use to encourage your patients/clients to follow a healthy lifestyle.

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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 15, 2026, 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 college:
  - full time [> 12 credits/term] \_\_\_\_\_
  - part time [< 12 credits/term] \_\_\_\_\_
  
- C. Parents 2025 income as reported on Form 1040, 1040A, or other appropriate form \_\_\_\_\_
  
- D. Applicant's 2025 income as reported on Form 1040, 1040A, or other appropriate form \_\_\_\_\_
  
- E. Applicant's current college loan debt [submit documentation of loan]
  - subsidized loans \_\_\_\_\_
  - unsubsidized loans \_\_\_\_\_
  
- F. Total projected college expenses for 2026-2027:
  - tuition and fees \_\_\_\_\_
  - room and board \_\_\_\_\_
  - books \_\_\_\_\_

**CERTIFICATION**

I certify that the information on this form is true and complete to the best of my knowledge. I understand that the financial information will be considered confidential, for review by the Trustees of the Alice M. Yarnold and Samuel Yarnold Scholarship Trust.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date