
**Sinnemahoning Sportsmen's Association
Joe Martel Scholarship Fund
and
Annual Golf Outing Scholarship**

The Joe Martel scholarship fund was created as a Memorial to past President, Joseph Martel who passed away in August, 1996.

The Annual Golf Outing scholarship was created from the proceeds of our yearly golf outing which is held in May.

Each Scholarship (\$1000.00) award will be made available to graduating high school seniors and eligible college students for all Sinnemahoning Sportsmen's Club Member's children and/or grandchildren.

The stipulation to receiving the scholarships is to complete one semester of college and attain a GPA of 2.3 or higher submitting a copy of their transcript to the Board of Directors for review.

All applicants must be submitted to:

The Sinnemahoning Sportsmen's Association
Board of Directors
PO Box 9
Driftwood, PA 15832

Applicants must be received by June 1. If chosen to receive the Grant, they will be notified by mail – then after completing their semester of college, applicant will then send the Board a copy of their transcript showing a GPA attained of 2.3 or higher and the check (for \$1000.00) will be sent to them by return mail.

** Please specify Parent or Grandparent's name and address that are current member (s) of S.S.A.

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(PLEASE PRINT LEGIBLY OR TYPE)

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

SPECIFY PARTICULAR MAJOR YOU WILL PURSUE: _____

NAME OF SCHOOL YOU PLAN TO ATTEND: _____

HAVE YOU BEEN ACCEPTED? _____

IF YOU ARE ALREADY ATTENDING COLLEGE, HAVE YOU ALREADY COMPLETED (1) SEMESTER, ATTAINING A GPA OF 2.3 OR GREATER? _____

IF YOU HAVE COMPLETED A SEMESTER, PLEASE SUBMIT A COPY OF YOUR TRANSCRIPT FOR VERIFICATION? _____

DESCRIBE BRIEFLY WHY YOU WANT TO PURSUE YOUR CHOSEN CAREER:

BRIEFLY STATE YOUR NEED FOR FINANCIAL ASSISTANCE:

APPLICANT'S SIGNATURE:

DATE OF BIRTH

PHONE NUMBER WHERE YOU CAN BE REACHED

***PLEASE COMPLETE THE FOLLOWING INFORMATION FOR PARENT/GRANDPARENT WHO IS CURRENTLY A MEMBER OF THE SINNEMAHONING SPORTSMEN'S ASSOC.**

NAME: _____

ADDRESS: _____

PHONE NUMBER _____