
Sinnemahoning Sportsmen's Association (SSA)
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. Three scholarships will be awarded.

The stipulations to receive the scholarships are to complete one semester (Fall or Spring) at a College/University or Technical College **after** June 1, attain a GPA of 2.3 or higher and then submit 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 circle and 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? _____

ONCE YOU HAVE BEEN NOTIFIED OF YOUR AWARD, YOU MUST COMPLETE THE FALL OR SPRING SEMESTERS AND SEND US A TRANSCRIPT WITH A 2.3 GPA OR GREATER.

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 _____

DATE: _____

➔ **CIRCLE ONE WHO IS CURRENTLY A MEMBER:**

PARENT

GRANDPARENT

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

NAME: _____

ADDRESS: _____

PHONE NUMBER _____ MEMBERSHIP CARD # _____