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 MAY 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 <u>current</u> member (s) of S.S.A.

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

(PLEASE PRINT LEGIBLY OR TYPE)

NAME:				
HOME ADDRESS:				-
CITY:				_
EMAIL ADDRESS:				
SPECIFY PARTICULAR MAJOR	R YOU WILL PURSUE: _			_
NAME OF SCHOOL YOU PLAN	TO ATTEND:			_
HAVE YOU BEEN ACCEPTED?				
ONCE YOU HAVE BEEN NOT FALL OR SPRING SEMESTER GREATER.				
DESCRIBE BRIEFLY WHY YOU	J WANT TO PURSUE Y	OUR CHO	SEN CAREER:	
BRIEFLY STATE YOUR NEED	FOR FINANCIAL ASSIS	TANCE:		
APPLICANT'S SIGNATURE:		DATE OF BIRTH		
PHONE NUMBER WHERE YOU	CAN BE REACHED		DATE:	
CIRCLE ONE WHO IS CURRENT	TLY A MEMBER:	ARENT	GRANDPARENT	
*PLEASE COMPLETE THE FOLI WHO IS CURRENTLY A MEMBE	,, _ , , _ , , , , , , , , , , , ,			
NAME:				
ADDRESS:				
PHONE NI IMRER	ME	MEMBERSHIP CARD #		