

# Carl & Charlotte Lovejoy Scholarship Application

This scholarship was established by Charlotte Lovejoy through her estate. Carl Lovejoy worked at Croft Ford in Athens, PA as a body repair technician, and Charlotte was employed by Ingersoll Rand. She was a former volunteer at Guthrie Healthcare and for many years she and her husband Carl delivered for the Meals on Wheels program.

#### Eligibility Criteria and Checklist:

- Graduating senior from Waverly Central High School.
- Must be attending an accredited college, university or technical school.
- Essay (200-250 words, double spaced) on what makes you an excellent candidate to pursue the automotive field.
- Good academic performance in high school.
- Student must have demonstrated financial need.
- Preference is for automotive related studies.
- Please provide a list of school based activities (including leadership positions, clubs and athletics) as well as community volunteer activities and the number of months or year.

Please see your guidance office for deadlines.



### Carl & Charlotte Lovejoy Scholarship Application

Type or print neatly in black or blue ink. Only complete applications will be considered.

### **Personal Information:**

Last Name	First Name			MI	
Street Address				Apt. /Unit Number	
City Sex: M F Date of Birth:	State /	Zip Code	Home Phone	Cell Phone	
		D/YYYY	Name of High School	Date of Graduation	
E-mail Address					
Parental Information:					
Father's Last Name		First Na	me	MI	
(If different) Street Address	Apt. /Unit Numb		mber Email	Email Address	
City	State Zip Code		Best Availabl	Best Available Phone Number	
Name of Employer			Employ	red Since	
Mother's Last Name	First Nam		ame	MI	
(If different) Street Address	Apt. /Unit Number		r Email Ad	Email Address	
City	State	Zip Code	Best Available P	hone Number	
Name of Employer			Employed Since		
Employment Information:					
Do you currently have a part-time	job? Y	N	if yes:Position		
Name of Employer			Employer's Phone No	umber	



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**School Based Information:** 

Major Field of study in college:	
Name of the college, university or technical school y	ou will attend:
G.P.A SAT Score or ACT S	Score
Class Rank of# students.	
Financial Information:	
Please enter your Student Aid Index (SAI) number, v Application for Federal Student Aid Form (FAFSA): If this number is not available at the time of submittin status of FAFSA. Please notify your guidance office Number of Dependents in Family:	ng the application, please provide details as to the when the number becomes available.
I attest that all personal data included within this applicant contents have been completed entirely by me (the applicant)	
If I am selected as a recipient of a Community Found permit the Foundation to confer with my school to ve scholarship.	
I also agree that my name and photograph can be use Foundation for the Twin Tiers regarding the scholars	· · · · · · · · · · · · · · · · · · ·
I also agree that by signing this I permit my school to information regarding my SAT scores, current GPA	
Awards may be used at any accredited college, unive	rsity, or technical school within the United States.
Signature of Applicant	Date of Signature