

ROBERT A. TREAKLE, JR. & LINDA SANDERS TREAKLE SCHOLARSHIP FUND

The annual income of the Robert A. Treakle, Jr. & Linda Sanders Treakle Scholarship Fund shall be used to provide scholarships for worthy and needy students of Lancaster County, Virginia to attend college.

ELIGIBILITY

- Resident of Lancaster County, Virginia
 - Currently attend or plan to attend a two or four year college program.
- *Family members and employees of the committee are not eligible for this scholarship.*

CRITERIA

- Scholarship recipients must have a high school diploma or General Equivalency Diploma.
- The need for financial assistance.
- Accepted or enrolled in a two or four year college program.

SCHOLARSHIPS

All scholarship payments will be made directly to the college the recipient is attending. Scholarships are not renewable, but students may reapply. Students must continue to meet the eligibility requirements.

APPLICATION

Interested students must complete the application form and mail it along with the following required documents:

- Write a statement of your career goals and financial need.
- List of Community Involvement(s).
- List honors and awards received (indicate name, date and reason award was given).
- Two (2) letters of recommendation.
- Submit an Official Transcript, if you are currently attending an institution other than Lancaster High School.

The Scholarship Committee is comprised of the Principal and Guidance Counselor of Lancaster County High School and a third party to be named by the two of them. This scholarship committee selects the recipients for this scholarship.

SUBMIT COMPLETED APPLICATIONS TO:

Robert A. Treakle, Jr. & Linda Sanders Treakle Scholarship Fund
C/O Lancaster High School, Guidance Department
8815 Mary Ball Road
Lancaster, Virginia 22503

DEADLINE FOR APPLICATION IS MAY 1st.

APPLICATIONS POSTMARKED/HAND DELIVERED AFTER THIS DATE WILL NOT BE CONSIDERED.

APPLICATION FOR THE ROBERT A. TREAKLE, JR. & LINDA SANDERS TREAKLE SCHOLARSHIP FUND

All Information is Confidential

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- Write a statement of your career goals and financial need.
- List of Community Involvement(s).
- List honors and awards received (indicate name, date and reason award was given).
- Two (2) letters of recommendation.
- Submit an Official Transcript, if you are currently attending an institution other than Lancaster High School.

Applicants Full Name:		Social Security No.:
Physical Address:		
City:	State:	Zip:
Mailing Address:		
City:	State:	Zip:
Telephone:	Date of Birth:	
High School/Current GPA:		
(Note where your GPA is from)		

College the applicant is or is planning to attend

Name of College:		
Mailing Address:		
City:	State:	Zip:
Student ID (if known):		

I understand that should I be awarded a scholarship but become unable or ineligible to pursue my educational goals, the scholarship will lapse and any unused portion must be returned to the **Robert A. Treakle, Jr. & Linda Sanders Treakle Scholarship Fund**.

I understand that information about me known to my high school guidance counselor may be useful to evaluate my eligibility for a scholarship and I authorize that office to release that information.

If I am selected for a scholarship, I authorize release of biographical information for use in publicity related to the scholarship program.

Signature: _____ **Date:** _____

If Under 18, Parent or Guardian's Signature: _____

Scholarships will be awarded without regard to race, sex, religion, handicap, national origin or other non-merit factors.
All scholarship payments will be made directly to the college the recipient is attending.