

NORMAN E. BUCK SCHOLARSHIP

PRELUDE:

This application form is necessary to apply for a Norman E. Buck Scholarship for students who plan to work in the professional fields of plumbing, heating, air conditioning, the culinary arts or music.

BIOGRAPHICAL INFORMATION:

Class of _____

Name: _____
Last First M.I.

Social Security No.: _____ Date of Birth: _____

Address: _____

Telephone No.: _____

Father, Stepfather or Male Guardian (Circle One)

Name: _____

Address: _____

Occupation: _____ Employer: _____

Mother, Stepmother or Female Guardian (Circle One)

Name: _____

Address: _____

Occupation: _____ Employer: _____

FINANCIAL INFORMATION:

List all children, including applicant, in the home:

Name	Present school or job as of date of this Application	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you wish to have consideration given because of special hardship, please describe the nature of your hardship:

ACTIVITIES:

Please list those school-sponsored activities that you have completed during each of your high school years and/or those in which you are currently a participant. Indicate the year (9, 10, 11, 12) and if you have held an office:

OTHER:

FUTURE PROFESSIONAL PLANS:

APPLICATION PROCEDURES AND CONTACT:

Applications for the scholarship will be available from the Guidance Counselors of the respective high schools on the first Monday of each March. Completed applications must be returned to the respective Guidance Offices no later than 4:00 pm on the first Monday of May for consideration by the Selection Committee.

If you have any questions, please contact one of the following representatives of the Norman E. Buck Scholarship Committee:

Rick Buck
President
200 Main Street
Watsonstown, PA 17777
(570) 538-1663

Pam Showers
Director
100 Main Street
Watsonstown, PA 17777
(570) 538-1832

ASSURANCES:

I certify and verify that under the penalties of perjury, the previous statements are true and correct to the best of my knowledge, information and belief. I understand that incorrect information could possibly disqualify me from eligibility for a scholarship. I understand that false statements herein are made subject to the penalties of 18 PA.C.S. Section 4904, relating to unsworn falsification to authorities.

I hereby authorize the personnel of my school district to release and/or receive any pertinent academic records in support of this scholarship.

Student's signature _____ Date _____

Parent/guardian signature _____ Date _____

This school district will not discriminate in its educational programs, activities, or employment practices, based on race, color, national origin, sex, sexual preferences, disability, age, religion, ancestry, or any other legally protected classification. Announcement of this policy is in accordance with state and federal laws, including Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990.

Parents, employees and participants who have an inquiry or complaint of harassment or discrimination, or who need information about grievances or accommodations for persons with disabilities, should contact the Superintendent of Schools for this school district.
