

**HELEN AND FRED ORTMAN  
SCHOLARSHIP TRUST FUND  
Application Form**

**PLEASE PRINT CLEARLY OR TYPE**

Student's Full Name: Miss/Mr. \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Major Field of Interest \_\_\_\_\_ Date You Start College \_\_\_\_\_

College or University in which you will be enrolled \_\_\_\_\_

Yearly cost of institution you are attending \_\_\_\_\_

How do you propose to finance your education? Check the appropriate line.

A. By parents \_\_\_\_\_ B. By Loans \_\_\_\_\_ C. By Earnings \_\_\_\_\_

D. Grants-PHEAA \_\_\_\_\_ PELL \_\_\_\_\_ Scholarship \_\_\_\_\_ E. Work Study \_\_\_\_\_

Please explain if necessary \_\_\_\_\_

Parent's or Guardian's Statement:

A. Father or Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Occupation \_\_\_\_\_

B. Mother

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Occupation \_\_\_\_\_

How many children in your family live at home? (Do not include yourself) \_\_\_\_\_

Ages \_\_\_\_\_

How many brothers or sisters in college \_\_\_\_\_ Where? \_\_\_\_\_

Extra Curricular Activities Grades 9 – Present \_\_\_\_\_

Offices or Leadership Positions Grades 9 – Present \_\_\_\_\_

Honors & Awards (state the year and nature of honor or award) \_\_\_\_\_

Community Activities \_\_\_\_\_

Hobbies \_\_\_\_\_

Work Experience (number of years): \_\_\_\_\_

Essay

Please attach an essay of 500 words or less in which you answer the following question:  
“What story did your parents tell you about their lives that has had the biggest influence on your life?”

**Recommendations**

Please submit three recommendations from non-relatives-at least one of which is a teacher or guidance counselor and one from a person familiar with your interest. Give each person you are requesting a recommendation from, a stamped envelope addressed to: Helen and Fred Ortman Scholarship Trust Fund; c/o Armstrong Educational Trust, 81 Glade Drive, Kittanning, PA 16201.

My three recommendations will be requested from:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List below any other factors you consider important in evaluating your scholarship application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TO BE FILLED OUT BY THE GUIDANCE COUNSELOR**

Grade Point Average \_\_\_\_\_

Class Rank \_\_\_\_\_

SAT Scores: Verbal \_\_\_\_\_

Math \_\_\_\_\_

Total \_\_\_\_\_

**Please enclose a transcript of your grades**

Signature of Guidance Counselor:

\_\_\_\_\_

Please deliver or mail completed application to the Armstrong Educational Trust, 81 Glade Drive, Kittanning, PA 16201. Make sure to include your transcript of grades and essay.

**Due date: MARCH 15**

I declare that the information reported on this form to the best of my knowledge, is true, correct and complete.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_