

## THE TIMOTHY LICHTER MEMORIAL SCHOLARSHIP FUND Application Guidelines

**Purpose:** Scholarships will be awarded to a graduating high school senior from any Lycoming County high school or a Clinton County high school. Applicants must be accepted, full-time or part-time, into an accredited motorcycle mechanic school.

**Application Process:** An application with these guidelines can be obtained from any Lycoming County High School or Clinton County High School Guidance Office or by calling the Williamsport Lycoming Community Foundation.

- Submit a completed application form;
- Attach an essay addressing why you are deserving of this scholarship award and your personal career goals;
- Submit a copy of applicant's high school transcript;
- Provide at least one letter of reference.

**Application Deadline & Address:** Applications and requested materials are to be returned no later than **April 15** to the Williamsport Lycoming Community Foundation, 330 Pine Street, Suite 401, Williamsport, PA 17701.

**Scholarship Selection Process:** The Williamsport Lycoming Community Foundation Scholarship Selection Committee will select scholarship recipients.

### Complete Criteria:

- Applicants of the Timothy Lichter Scholarship will be a graduating senior from any Lycoming County High School or Clinton County High School.
- Applicants will have been accepted, full-time or part-time, at an accredited motorcycle mechanic school.
- Preference will be given to applicants that have unmet financial need.
- Other than a strong potential for success, such factors as class rank and grade point average will not be criteria in making selection unless in the judgment of the selection committee such factors are needed to distinguish between multiple potential candidates.

**Scholarship Awards:** Scholarship(s) will be awarded annually. Scholarship awards payments will be paid directly to the college or university where the recipient is attending.

**THE TIMOTHY LICHTER MEMORIAL SCHOLARSHIP FUND**

Complete the application providing as much detail as possible.

NAME CIRCLE ONE (MS. / MR.) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_ GRADUATION DATE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

PARENTS' HOME PHONE \_\_\_\_\_ PARENTS' CELL PHONE \_\_\_\_\_ PARENTS' E-MAIL \_\_\_\_\_

AREA OF STUDY \_\_\_\_\_

1. Name and address of college where accepted. Please provide proof of acceptance into a full-time undergraduate program at an accredited institution (college/university).

\_\_\_\_\_  
\_\_\_\_\_

Latest total gross annual family income \$ \_\_\_\_\_

Amount of anticipated family support for your first year of college/university education \$ \_\_\_\_\_

Amount of financial aid from sources other than family to be applied to your first year college/university expenses (I.E. grants, loans, Job, other partial scholarships, etc.) \$ \_\_\_\_\_

Estimate of your total first year college/university expenses \$ \_\_\_\_\_

**A copy of your FASFA Form must be included with your application.**

2. Attach an essay addressing why you are deserving of this scholarship award and your personal career goals.
3. Submit a copy of high school transcript.
4. Provide at least one letter of reference.

**Financial Information/Certification**  
**\*Signatures are required\***

I hereby affirm that the information on this form is true and complete to the best of my knowledge. I am aware of the conditions under which the awards are made and promise to inform the Williamsport Lycoming Community Foundation of any change in circumstances.

I understand that tax return forms provide information to be used in the consideration of finalists for awards made by the Williamsport Lycoming Community Foundation. The information submitted is held in strictest confidence.

I hereby authorize the Williamsport Lycoming Community Foundation to share this information with members of the Scholarship Committee.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
PARENT OR GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

**Return to:** The Williamsport Lycoming Community Foundation by **April 15**  
330 Pine Street, Suite 401  
Williamsport, PA 17701

**Questions:** Contact the High School Guidance Office  
or Betty Gilmour, Program Officer, at the Williamsport Lycoming Community Foundation  
Phone (570) 321-1500  
E-mail [bettyg@fcfpa.org](mailto:bettyg@fcfpa.org)