

ALBERT A. CHRIST SCHOLARSHIP FUND
Application for Scholarship

2024-2025

Application must be filled out in ink and legible.

Mail the application to the following address and MUST be postmarked by April 5, 2024.

**Albert A. Christ Scholarship Fund
Security National Trust Company
1300 Chapline Street
Wheeling, WV 26003**

The following items are required for your application file to be complete.

- (1) High School or College transcripts**
- (2) FAFSA Report – Estimated Family Contribution (EFC)**
- (3) ACT and/or SAT scores**

1. Name: _____
Last First M.I.

Permanent mailing address: _____
Street Address

City State Zip E-mail

Phone: _____ Birthdate: _____ Age: _____
Month Day Year

2. What high school do you attend?

High School Name City State

High School GPA Transcript Sent

3. Applicant must register at a college or university.

School choice for 2024-2025: _____
School Name

City State Zip

Major/ Field of Study _____

4. What vocation or profession do you expect to follow after completing college? _____

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5. Have you been employed at any time during the past two years? _____

If so, list names and addresses of employers _____

Job description: _____

6. Are you currently working 20 hours or more per week? Yes/No _____

Do you plan on working 20 hours or more per week during the 2024-2025 school year? Yes/No _____

7. List extracurricular activities in high school and college and positions held:

8. List activities, other than connected with school, in which you have participated during the last three years, and positions held:

9. Do you live with your parents? _____

Father's name: _____

Father's place of employment: _____

Position: _____

Mother's name: _____

Mother's place of employment: _____

Position: _____

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10. For the college you plan to attend:

Cost of attendance:

(1) Tuition/Fees	\$ _____
(2) Room/Board	\$ _____
(3) Books/Supplies	\$ _____
(4) Personal Expenses	\$ _____
(5) Transportation	\$ _____
Total	\$ _____

CERTIFICATION. ALL APPLICANTS: I certify that all information I have provided on this form is true and complete to the best of my knowledge. I agree to give proof of the information on this application if requested. I give permission to selection committees to review information on this form, my transcripts, and any additional supporting documentation submitted as part of this application. I give permission for selection committees to contact high school and/or college officials for additional academic information.

Signature: _____

Date: _____