

**Paul Edward Mitchell  
and  
Joseph Raymond Mitchell  
Memorial  
Scholarship Application**

**Personal Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

County \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

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

**Educational Institution Information**

College \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date Semester Begins \_\_\_\_\_

Anticipated Course of Study \_\_\_\_\_

\*Please be advised that preference will be given to pre-med students that live in Huntingdon County.\*

The following information must accompany the application:

1. An official high school transcript (with school seal) indicating class rank, school attendance records, and College Board Scores.
2. A Letter of Recommendation from your senior class guidance counselor or teacher.
3. Copy of Letter of Acceptance from your institution of higher education.

Completed application and all pertinent information must be returned to your principal or senior class counselor by May 2, 2017.

**Applications must be returned to Mrs Gates by  
3:00 PM on May 2, 2017**