

**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.

All applications and necessary paperwork must be received in our office by May 4th.