

**RESICA EDUCATIONAL ASSISTANCE SCHOLARSHIP**  
**1 Gravel Ridge Road**  
**East Stroudsburg, PA 18301**

This application must be submitted to the East Stroudsburg Senior High School Guidance Office by: \_\_\_\_\_

APPLICANT'S NAME;

\_\_\_\_\_

Please Print                      (Last Name)                      (First Name)                      (Middle Initial)

PARENT OR GUARDIAN:

\_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**EDUCATIONAL PLANS**

I will be attending \_\_\_\_\_  
(College/University/Trade/Technical School)

\_\_\_\_\_

(Address of School)

**FINANCIAL AID/TUITION INFORMATION:**

Annual Tuition Cost: \$\_\_\_\_\_ If awarded, this scholarship is to be used  
tuition costs for the period \_\_\_\_\_ to \_\_\_\_\_.

**PERSONAL INFORMATION:**

EDUCATION: NAME(S) OF SCHOOL(S)                      DATES (from/to)

Elementary School(s) \_\_\_\_\_

\_\_\_\_\_

Middle or Jr High School(s) \_\_\_\_\_

\_\_\_\_\_

High School (s) \_\_\_\_\_

\_\_\_\_\_

EXTRA-CURRICULAR ACTIVITIES:

DATES (from/to)

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ACADEMIC ACHIEVEMENT

GRADE/YEAR

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LEADERSHIP OR HONORS RECEIVED:

GRADE/YEAR

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PERSONAL INTEREST & ABILITIES:

GRADE/YEAR

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COMMUNITY INTERESTS & SERVICES

GRADE/YEAR

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REFERENCES:

NAME

ADDRESS

PHONE

(At least one (1)  
Teacher from the  
ESASD)

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My signature below certifies that all the information provided herein is complete and true. My signature also acknowledges that if any financial assistance is provided through the Resica Scholarship fund, the monies will be sent directly to the institute after student has verified enrollment.

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SIGNATURE

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DATE

**RESICA EDUCATIONAL ASSISTANCE SCHOLARSHIP**

The information shown below will be used to process your RESICA EDUCATIONAL ASSISTANCE SCHOLARSHIP. Please take care to indicate all information requested correctly.

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SOCIAL SEC. # \_\_\_\_\_

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HOME TELEPHONE # \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_

College/University/Trade/Technical school you will be attending following graduation:

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Date you will start: \_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

**PLEASE DO NOT WRITE ANYTHING BELOW**

School address for Processing:

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Special Disbursement Provisions: \_\_\_\_\_

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Checklist:

Committee Approval – Date \_\_\_\_\_ Other \_\_\_\_\_

Certification of Acceptance – Date \_\_\_\_\_ Other \_\_\_\_\_