

Starview Sportsmen's Association Annual Scholarship

The Starview Sportsmen's Association offers up to five \$2,000 scholarships annually to students pursuing post-secondary education in a field that enhances or supports the outdoor activities of hunting, fishing, and trapping. Some examples are Marine Biology, Forestry Management, Ecology related fields, and Natural Resource Management, but there are many other majors that qualify.

If you feel that you may qualify for one of these awards, please complete the attached application making sure you include everything that is requested. After screening the applications, selected finalists will be interviewed by a selection committee. Successful applicants will have their scholarship forwarded directly to their college or university of choice after successfully completing one semester of study with a minimum GPA of 2.0.

Please accept our congratulations on completing your high school education and best wishes as you pursue your career goals through higher education.

Please return completed applications to:

Dennis Ashton
170 Southview Drive
York, PA 17402 or

dea4@comcast.net

Application Deadline is April 3, 2026 - - - no exceptions

STARVIEW SPORTSMEN'S ASSOCIATION

SCHOLARSHIP APPLICATION

PLEASE TYPE OR PRINT IN BLACK INK

APPLICANT INFORMATION

Mr. _____
Ms. _____ Name (last) _____ (first) _____ (MI) _____ Soc. Sec. No. _____

Permanent Address (St. /PO Box) _____ City _____ Zip Code _____

Date of Birth (mo/day/year) _____ Telephone _____ Email Address _____

Name of Parent/Guardian _____

Permanent Address of Parent/
Guardian if different from applicant: _____ Street/PO Box _____

City _____ State _____ Zip Code _____

Telephone _____

SchoolData

High School Attended _____ Graduation Date: _____

School Address _____
Street _____ City _____ Zip Code _____

Name of High School Principal _____

Type of post-secondary school for which applicant's scholarship is requested: (Circle One)

4 year College/University _____ Trade/Technical School _____

Community College _____ Other _____

Accredited? Yes _____ No _____

Name of post-secondary school: _____

Street Address _____ City _____ State _____ Zip Code _____

Student will: live on campus live off campus commute _____

Enrolled: full time half-time or more less than half time _____

Approximate cost of tuition, room, and board for one year: _____

Anticipated date of graduation from post-secondary program: (Month) _____ (Year) _____

Major field of study applicant plans to pursue: _____

PERSONAL DATA

Describe your work experience during the **past four years**. Indicate dates of employment in each job and approximate number of hours worked each week. List total amounts earned at each job.

Position	Dates Employed	Hours Per Week	Amount Earned

List all school activities in which you have participated during the **past four years**. (e.g. student government, music, sports, etc.) Also list all community activities in which you have participated without pay for the **past four years**. (e.g. Red Cross volunteer, church work, etc.). Include any special awards/honors received. If additional space is needed, please feel free to attach a separate page.

Please report any unusual family or personal circumstances you feel warrant attention.

OTHER AWARDS

Please list below the name and amount of any grants or scholarships you have been awarded for the coming school year.

<u>Name of Award</u>	<u>Amount</u>	<u>Granted</u>	<u>Pending</u>
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Please attach on a separate page a statement of no more than 500 words indicating your future plans as they relate to your educational and career objectives. Please indicate how your plans will enhance the sports of hunting, fishing, trapping and related outdoor activities in the future.

Certification and Signature (please print this document and sign)

Applicant's Signature: _____ Date: _____

APPLICANT APPRAISAL (required)

(To be completed by a high school or college counselor, an instructor, or a supervisor.)

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return this form to the applicant or photocopy this section and return to the applicant in a sealed envelope.

The applicant's choice of post-secondary education is:	Extremely Appropriate	Very Appropriate	Moderately Appropriate	Inappropriate
The applicant's achievements reflect his/her ability.	Extremely Appropriate	Very Appropriate	Moderately Appropriate	Inappropriate
The quality of the applicant's commitment to school and community is:	Extremely Appropriate	Very Appropriate	Moderately Appropriate	Inappropriate
The applicant is able to seek, find, and use learning resources.	Extremely Appropriate	Very Appropriate	Moderately Appropriate	Inappropriate
The applicant demonstrates curiosity and initiative.	Extremely Appropriate	Very Appropriate	Moderately Appropriate	Inappropriate
The applicant demonstrates good problem-solving skills, follows through, and completes tasks.	Extremely Appropriate	Very Appropriate	Moderately Appropriate	Inappropriate
The applicant's respect for self and others is:	Extremely Appropriate	Very Appropriate	Moderately Appropriate	Inappropriate

Comments:

Appraiser's Signature

Date

Telephone

TRANSCRIPT INFORMATION

High school seniors who have completed less than one full semester of post-secondary education must include a high school transcript of grades and have the following section completed by the appropriate school official.

Applicant ranks _____ in a class of _____. Cumulative GPA _____ /100 scale.

PSAT: Critical Reading: Math: Writing Skills:

SAT: Critical Reading: Math: Writing Skills: Essay

ACT Percentiles: English Math

School Official's Signature

Date

Title

Telephone

School Address (street)

City

State

Zip Code

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

STARVIEW SPORTSMEN'S ASSOCIATION
SCHOLARSHIP APPLICATION
FINANCIAL STATEMENT

APPLICANT INFORMATION

Mr.

Ms. _____

Last Name

First Name

Middle Initial

Permanent Mailing Address:

Street/PO Box

City

Zip

INCOME, EXPENSE, AND ASSET DATA FOR JANUARY TO DECEMBER OF THE PREVIOUS YEAR. Please have your parent(s) complete the following section

This information is from:

Estimates based on current income information to be filed by April 15 of the current year.

A completed tax return – IRS Form 1040 filing date of April 15 of the current year.

1. Adjusted Gross Income	\$
2. Total U.S. income tax paid	\$
3. Income Earned from work by	\$
Father:	\$
Mother:	\$
4. Untaxed income and benefits; Social Security, AFDC, ADC, other	\$
5. Medical/Dental expenses not paid by insurance	\$
6. Cash, savings, bonds, stocks, CD's, notes, etc.	\$
7. Total number of exemptions	

ADDITIONAL INFORMATION

The parent's marital status is: single married separated divorced widowed

The number of family members who will be attending a post-secondary school for at least one- half time during the up-coming school year, including the applicant:

CERTIFICATION AND SIGNATURES: (please print document and sign)

Father's signature

Mother's signature

Date Completed: _____