



newlin foundation
opportunity | achievement

NEWLIN SCHOLAR APPLICATION FORM

Instructions:

1. Please complete the entire application. Electronic submission should be directed to NewlinFoundation@gmail.com. If preparing paper submission, use black or blue pen and print legibly to provide the Newlin Foundation with ALL the information needed.
2. Submit the completed application form with your essay and contact your guidance counselor for your official transcript by May 15th. Be sure to fill out BOTH pages of the application form.
3. Make a copy of the completed form for your personal records.

Student / Applicant Name:

Mailing Address: _____
 Phone: _____
 Email: _____

Parent / Guardian Name:

Mailing Address: _____
 Phone: _____
 Email: _____

High School:

School Phone: _____
 High School GPA: _____
 Guidance Counselor Name: _____
 School: _____
 Phone: _____
 Email: _____

**Questions?
Please feel free
to contact us:**

The Newlin Foundation

Address:
545 E. Lincoln Hwy
Coatesville, PA 19320

Phone:
610 - 380-6444

Fax:
610 - 380-6449

E-mail:
NewlinFoundation@gmail.com

Website:
www.newlinfoundation.org

Parent/Guardian, Please Complete this section and Sign:

I _____ authorize _____ to release the
Print full name of parent/guardian Print name of high school

additional information requested by the Newlin Foundation as part of this application for

_____ to be a Newlin Scholar.
Print full name of applicant

 Signature of parent/guardian

 Date

Please answer the following questions:

Total annual family income (check one)

\$0-\$24,999 ___ \$25,000-\$49,999 ___ \$50,000-\$74,999 ___ \$75,000-\$99,999 ___ \$100,000 or more ___

Number of family members currently living in the household _____

Eligible for free/reduced lunch—Yes? or No? _____

How did you hear about the Newlin Foundation? _____

Do you participate in any youth leadership, academic assistance including special accommodations programs or social programs at this time? Check all that apply. Write in additional programs, as needed to provide a complete picture of your activities and support network.

Chester County Futures: ___ Bridge Program: ___ Coatesville Youth Initiative: ___ Kids to College ___

Church programs, please specify: _____ School Athletics, pls. specify: _____

IEP Individual Educational Plan _____ School activities or clubs, please specify: _____

Other activities or programs: _____

*** Please include an essay of 250 words that describes your long-term personal goals after high school graduation.**

We recognize that if accepted, we will be expected to work cooperatively with the Newlin Foundation to help _____ achieve his/her academic goals.

 Print full applicant name

All answers and statements on both sides of this application are correct and truthful. Any false information provided will result in dismissal from any phase of the Newlin Foundation application process or program.

Parent/Guardian's Name and Signature

Date

Student's Name and Signature

Date



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