

Bob Linn Memorial Scholarship Application

NAME _____

ADDRESS _____

NAME OF HIGH SCHOOL WHERE GRADUATING _____

NAME OF COLLEGE OR UNIVERSITY YOU WILL BE
ATTENDING _____

WHAT WILL YOU MAJOR IN COLLEGE _____

RELATIONSHIP TO MAYOR AND HIS/HER NAME (Father, Mother, Grandfather or Grandmother)

NAME OF YOUR HOMETOWN NEWSPAPER AND ITS
ADDRESS _____

WHERE DID YOU LEARN ABOUT THE BOB LINN MEMORIAL SCHOLARSHIP?

(Please adhere to guidelines qualifications listed in the Association of Mayors of the Boroughs of Pennsylvania newsletter and include several high school graduation photos of yourself that would be suitable for publication in your hometown newspaper and return the required information to Tim Palmieri, Secretary/Treasurer, Association of Mayors of the Boroughs of Pennsylvania, 602 Golf Course Road, Aliquippa, PA 15001. This application must accompany the other required materials for consideration by the Association's Scholarship Committee).

Please submit the application to Tim Palmieri, Secretary/Treasurer, Association of Mayors of the Boroughs of Pennsylvania, 602 Golf Course Road, Aliquippa, PA 15001, or by e-mail to tpalmieri@paboroughmayors.org. No fax copies will be accepted.