

DEDICATED TO FREEDOM OF CHOICE



A.B.A.T.E. OF PA

A.B.A.T.E.
OF PENNSYLVANIA
P.O. Box 619
Shippensburg, PA 17257
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**Application for the Senator Clarence Bell
Memorial Scholarship**

Name _____ Date _____

Address _____ Phone _____

City _____ State _____ Zip _____

Major/Degree or Certificate Sought _____

List name of college, university or trade school you will be attending _____

References (other than family members)

Please attach two (2) letters of recommendation from Professional or Educational references and have them submitted on letterhead. These MUST be sent with the application, NOT sent separately.

ALLIANCE OF BIKERS AIMED TOWARD EDUCATION

A statewide alliance of bikers dedicated to the protection of the individual rights of motorcyclists through political change, charitable works and public education.

List any volunteer agencies, professional associations or organizations that you have been or are affiliated with and include any position or office held. _____

Please list your short and long term goals _____

Grade Point Average _____

I affirm that the information contained in this application is correct. I agree to allow A.B.A.T.E. of Pennsylvania to publish my essay and photo in the A.B.A.T.E. of Pennsylvania monthly newsletter.

Signature of Applicant _____ Date _____

Signature of Parent or Guardian _____ Date _____