



In memory of EILEEN KLOTZ – All School Districts  
 In memory of PAUL J. FRANKS – Shenandoah Valley High School  
 In memory of MARGARET TRUSKEY – Tamaqua Area High School  
 In memory of INA C. CALVIN and/or PATRICIA FEDORICK – Pottsville Area High School  
 In memory of SCOTTIE GLUNZ – Pottsville Area High School (*Special Application*) \*  
 In memory of FRANCIS KANE – Mahanoy Area High School  
 In memory of ALICIA RATKIEWICZ – North Schuylkill High School  
 CHILD DEVELOPMENT, INC. Award – All School Districts

**\$100.00 Each**

*To be awarded to a high school graduating student, who is a former student of Child Development, Inc. and is continuing his/her formal education or entering the military service.*

If eligible, please complete the information below and **return to your Guidance Office by February 13, 2026.** Guidance office to submit all applications **WITH A COPY OF STUDENTS MOST RECENT TRANSCRIPTS** directly to Child Development, Inc. – **postmarked by March 2, 2026.**

**Child Development Inc. Memorial Awards**  
**ATTENTION: Executive Director**  
**2880 Pottsville Minersville Highway, Suite 210**  
**Minersville, PA 17954**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE NO:** \_\_\_\_\_ (Cell) \_\_\_\_\_ (Other)

**PARENTS' NAME:** \_\_\_\_\_

**ESTIMATED DATES OF ATTENDANCE AT CHILD DEVELOPMENT**

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**NAME OF CENTER ATTENDED:** \_\_\_\_\_

**NAME OF CENTER OR HOME BASE TEACHER:** \_\_\_\_\_

2880 Pottsville-Minersville Highway, Suite 210 • Minersville, PA 17954

Voice: (570) 544-8959 • Fax: (570) 544-6915

[www.childdevelop.org](http://www.childdevelop.org)

*Proud Partner Agency of Schuylkill United Way*

**UPON GRADUATION, WHAT ARE YOUR FUTURE PLANS:** \_\_\_\_\_

**GUIDANCE COUNSELOR RECOMMENDATION:** \_\_\_\_\_

- ~ Acceptance of award constitutes permission to announce publicly names of recipients. ~
  - ~ Please include a senior photo with this application for possible publication. ~

**STUDENT SIGNATURE:** \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_

**GUIDANCE COUNSELOR SIGNATURE:**

**SCHOOL DISTRICT:** WICHITA SCHOOLS

**DATE:**