

# Scholarship Application

This application is for Cardinal Brennan High School graduates who graduated in 2007 and earlier years and also for graduates of any Catholic High School who graduated in 2008, or later, and reside in the geographic area served by the North Schuylkill School District, the Shenandoah Valley School District and the Mahanoy Area School District at the time of their graduation from a Catholic High School.

Please print. Read all instructions carefully. Place a check mark at each scholarship for which you are applying. See the scholarship descriptions, which accompanies this application form.

Please do not apply for a scholarship for which you are not eligible.

- Dr. Rudolph A. Constien Scholarship
- Carr-Willower Memorial Scholarship
- Mary I. Kull Scholarship
- Dr. Robert Douglas Spencer Scholarship
- United Steel Workers of America, Local No. 14372, Scholarship

## Section 1 - Must be completed by all applicants.

### Applicant Data

Name: Last	First	Middle Initial
Address: Street		Apartment
City	State	Zip
Phone ( )	E-mail	
Social Security Number		
Enter name of Municipality (Township or Borough) in which you reside		

### Parent Information

Father's Name	Occupation
Address	
Mother's Name	Occupation
Address	

### High School Data

Check here if you are a graduate of or are now attending:

- Cardinal Brennan High School Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_
- Other List Name \_\_\_\_\_ Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

### Transcript Information for High School Applicants (Read carefully)

- High school applicants must submit a copy of most recent transcript of grades. (Provided by the school.)
- High school seniors must have the following section completed by a school official.

Applicant ranked	in a class of	at end of junior year	
Cumulative G.P.A. at completion of first semester, senior year			
PSAT: Verbal	Math	ACTS: English	Math
SAT Scores: (CR) Critical Reading		(M) Math	(W) Essay
High School Name			
High School Address			
City	State	Zip	
School Official's Title			
School Official's Signature			Date



**Work Experience (Must be completed by all applicants)**

List your work experience during the past four years. Use an additional sheet, if necessary. Your name must be included on any additional sheets.

Company	Position	Dates		Hrs./Week	Amount Earned/Wk.
		From - Mo/Yr	To - Mo/Yr		

**Unusual Circumstances**

Please report any family, personal, or financial circumstances which you think warrant consideration; e.g. , financial hardship, disabilities, family separation, unusual family responsibilities.

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**Aspirations and Goals (Must be completed by all applicants)**

Make a statement of your plans as they relate to your educational and career objectives and future goals. Statement must be typewritten, double-spaced and should not exceed two pages. Statement must include your name. Think carefully about this statement; it is very important in the selection process. **Applications without a statement will not be considered.**

**Certification**

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.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Section 2 - This section is to be completed only by students applying for the Dr. Robert Douglas Spencer Memorial Scholarship.**

Name: \_\_\_\_\_

**Use to be made of Spencer Scholarship**

You must be a full-time student.

Program of studies you plan to pursue:  
\_\_\_\_\_

Date of beginning and anticipated completion of studies: \_\_\_\_\_

Nature of employment or professional activities after completion of studies:  
\_\_\_\_\_  
\_\_\_\_\_

Employment commitment, if any:  
\_\_\_\_\_

**Extra Curricular or Community Activities Record**

Include names of any organizations to which you belong and special interests or skills:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References**

Please provide the names of two people, preferably teachers or former employers, whom the Schuylkill Area Community Foundation may contact for recommendations in support of your application.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Occupation \_\_\_\_\_

**Section 3 - This section is to be completed only by students applying for the United Steel Workers of America, Local No. 14372, Scholarship.**

Name: \_\_\_\_\_

**Employment Verification**

1. Are you a child, step-child or adopted child of a member or retired member of United Steel Workers of America, **Local No. 14372** as of April 30, 1998?  Yes  No

2. Are you a grandchild, step-grandchild or adopted grandchild of a member or retired member of United Steel Workers of America, **Local No. 14372** as of April 30, 1998?  Yes  No

3. Name of parent, step-parent, adopted parent or grandparent who is a member of **Local No. 14372**.  
\_\_\_\_\_

4. If a grandchild, trace your descent from the grandparent:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Application Checklist:**

This application for a scholarship becomes complete and valid only when you have returned:

1. Completed Application
2. Statement of Aspirations and Goals
3. Current Transcript of Grades
4. Copy of High School Diploma (If required)
5. Do not send any materials not requested.

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**ALL APPLICATIONS MUST BE RECEIVED  
AT THE POTTSVILLE OFFICE  
NO LATER THAN 12 NOON ON MARCH 1  
TO BE CONSIDERED FOR THE SCHOLARSHIP**

**Schuylkill Area Community Foundation  
216 South Centre Street  
Pottsville, PA 17901**

For questions or any additional information telephone (570) 624-7223.

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