



Scholarship Application

This application is 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 or the Mahanoy Area School District at the time of their graduation from a Catholic High School and also for Cardinal Brennan graduates who graduated in 2007, or earlier.

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

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

- Carr-Willower Memorial Scholarship
- Dr. Rudolph A. Constien Scholarship
- Mary I. Kull Scholarship
- Dr. Robert Douglas Spencer Scholarship

Section 1 - Must be completed by all applicants.

Applicant Data

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

Parent/Spouse Information

Father's Name	Occupation
Address	
Mother's Name	Occupation
Address	
Spouse's Name (if applicable)	Occupation
Spouse's Address	

Transcript Information for High School Senior Applicants (Read carefully)

- High school seniors must submit a copy of their 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		
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		

Work Experience (Must be completed by all applicants)

List your past three work experiences, starting with the most recent.

Company	Position	Dates		Hrs./Week	Amount Earned/Week
		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.

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 4 - 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:

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.

**ALL APPLICATIONS MUST BE RECEIVED BY THE FOUNDATION
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
(570) 624-7223**