



Chester P. Steininger Memorial (Medical) Scholarship Application

Established May 2001

Please print. Read all instructions carefully. All information must be complete.

Applicant Data

Name: Last	First	Middle Initial
Maiden Name (if applicable)		
Address: Street		Apartment
City	State	Zip
Phone ()	E-mail	

Parent/Spouse Information

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

High School / College Data

1. Please provide a copy of your high school diploma.

Graduate of:

Name of high school:	Graduation Date: Year
Name of college:	Graduation Date: Year
Major in college:	

Medical School Data

Please list the name of the medical school for which financial aid is requested. If unknown, please list in order of preference where applications have been sent.

School	City	State
School	City	State

Check One: Upcoming year in medical school: 1 2 3 4

Specialized Field (if any): _____

Anticipated date of medical school graduation (month/year): _____

Check One: I will live: on campus off campus home w/parents w/spouse

Medical School Tuition per Semester: _____

Transcript Information

1. Please provide a copy of your most recent college, university or medical school transcript, whichever applies.
2. Cumulative G.P.A. at completion of most recent semester: _____

SAT Scores: (CR) Critical Reading (M) Math (W) Essay

MCAT: _____

Other Financial Awards

Please list the name and amount of any grants, awards, scholarships or loans that you have been awarded for the coming school year. Use an additional sheet, if necessary. Your name must be included on any additional sheets.

Name of Award	Amount	Granted	Pending

Activities, Awards and Honors

List all school activities in which you have participated during the past four years (e.g., student government, music, sports, etc.). Indicate all special awards, honors and offices held. Attach additional pages, if needed.

Work Experience

List your work experience and any volunteer work.

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

Please include a one page, double-spaced, typewritten statement highlighting your aspirations and goals.

Letters of Recommendation

Please include two (2) letters of recommendation.

NOTE: All items must be submitted by mail, or hand delivered, in one envelope. If your recommendations are in a sealed envelope you must include the sealed information in a large envelope along with the completed application and any other required materials.

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.

Personal interviews may be required.

Applicant's Signature _____ **Date** _____

Are you a prior recipient of this scholarship? Yes No If yes, list the year(s) and amount(s) received:

Year	Amount

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
5. Two Letters of Recommendation

**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**