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GUIDELINES FOR APPLICANTS

This scholarship application is for students who are applying for the **Chester P. Steinger Memorial (Medical) Scholarship**. Please read carefully and follow all the instructions to complete the application.

According to the wishes of Mr. Chester P. Steinger, Pottsville, Pennsylvania, the *Chester P. Steinger Memorial Fund (Medical)* shall provide scholarships for “persons, without distinction as to race, color, creed, sex, age or ethnic background, who are graduates of any high school located in Schuylkill County, Pennsylvania, either public or parochial, who were residents of Schuylkill County, Pennsylvania, at the time of their high school graduation, and who are attending or about to attend an accredited medical school located in the United States of America and who either are specializing in or are planning to specialize in the field of Oncology.”

Applications may be obtained online at www.sacfoundation.com or at Schuylkill Area Community Foundation’s office(s).

There is additional information required to complete your application packet. It is your responsibility to request these materials.

You must submit all of the additional materials along with the application in one envelope to:

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

Deadline for receipt of all applications and accompanying back up materials is no later than 12 Noon on March 1.

Applications will not be accepted prior to January 1.

Additional materials required in order to complete an application include:

1. Copy of high school diploma.

2. An official transcript from your college, university or medical school, whichever applies, through the latest fall term.
3. You must submit 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.
4. Two letters of recommendation.

Remove the Guidelines for Applicants pages and keep for your records. All pages of the application must be returned.

NOTE: The above items must be submitted by mail, or hand delivered, in one envelope. If your counselor/registrar or teacher/professor chooses to seal your transcript you must include the sealed information in the large envelope along with the completed application and any other required materials.

RECIPIENT SELECTIONS

The application procedures and processes will be administered by the Scholarship Committee of the Schuylkill Area Community Foundation with recommendations for awards made to the full Board of Directors at the Annual Meeting. A Sub-committee of Schuylkill Area Community Foundation Scholarship Committee will review the applications. The Sub-committee may request a personal interview with an applicant. Schuylkill Area Community Foundation reserves the right to accept or reject any or all applications. Scholarships will be made without discrimination because of sex, race, color, age or national origin.

Applicant(s) receiving a scholarship will be notified prior to July 15.

Recipient(s) of the scholarship will receive a notification letter along with a check, payable directly to the medical school listed on the application.

Unsuccessful candidates who have met all the criteria will also receive notification.

RENEWAL PROCESS

These scholarships are for the year awarded only. Former recipients and unsuccessful candidates may reapply.

QUALIFYING INSTITUTIONS

The recipient's school of choice must be exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code.

DEADLINE

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