

**First Community Foundation Partnership of PA Scholarship Application
 for Canton Area School District Scholarship Awards**

Completed applications must be returned to the High School Guidance Office by _____

NAME CIRCLE ONE (MS. / MR.)		

ADDRESS		

CITY, STATE ZIP		

HOME PHONE	CELL PHONE	E-MAIL
_____	_____	_____
SOCIAL SECURITY NUMBER	GPA	GRADUATION DATE
_____	_____	_____

AREA OF STUDY		

GUIDANCE COUNSELOR'S NAME		PHONE NUMBER
_____		_____

List parents' or guardians' names and e-mail addresses (and street addresses if not same as student):

_____	_____	Include in following order: ___ Application ___ Essay ___ Activity Sheet ___ Reference Letters ___ Transcript ___ Parents' Tax ___ Return(s) (if required)
NAME	NAME	
_____	_____	
ADDRESS	ADDRESS	
_____	_____	
HOME PHONE	HOME PHONE	
_____	_____	
CELL PHONE	CELL PHONE	
_____	_____	
E-MAIL ADDRESS	E-MAIL ADDRESS	
_____	_____	

List all siblings and household dependents. Give age, college, or occupation:

_____	_____
_____	_____
_____	_____
_____	_____

Name of institutions to which you have applied:

_____	Pending ____	Accepted ____	Enrolled ____
_____	Pending ____	Accepted ____	Enrolled ____
_____	Pending ____	Accepted ____	Enrolled ____
_____	Pending ____	Accepted ____	Enrolled ____

Housing plans: On Campus ____ Off Campus ____

What are your career goals?

Give details regarding other scholarships, grants, or loans you are seeking or have already received. Include amount.

Please attach a separate sheet listing the following information by year, along with an approximate number of hours per week or month spent participating in each activity:

- Participation in varsity, junior varsity, and/or community teams
- Memberships and participation in school organizations and activities
- Leadership roles/elected offices
- Awards received
- Volunteer experience and number of hours involved
- Membership and participation in community organizations
- Employment experience

Please indicate any unusual or personal circumstances you feel warrant attention:

If circumstances involve financial changes please include a copy of the most recent pay stub to show difference from last tax year.

Where did you hear about the First Community Foundation Partnership of PA scholarship funds?

Guidance Office ____ Newspaper ____ Website ____ Other _____

Essay

Please refer to specific criteria of the scholarship for which you are applying. Keep in mind that this is the only component of the application that allows you to tell the selection committee something about yourself; **creative responses are encouraged**. Please submit in typed, double spaced format.

Reference Letter

Please provide reference letters from someone familiar with your goals and attributes. Consider asking a current or former teacher, coach, employer, principal, clergy member, volunteer supervisor, neighbor or family friend. References from guidance counselors are not encouraged unless you have a unique relationship. Avoid reference letters that are too vague, generic or written for a purpose other than securing a Community Foundation scholarship.

Parents' Tax Return(s)

Please refer to specific criteria of the scholarship for which you are applying. If required, include parents' most recent tax return(s). If parents do not file a joint return please include both parents' returns.

Transcript

Please attach a copy of your transcript that includes class rank, GPA, SAT or ACT score.

Financial Information/Certification
Signatures are required

I hereby affirm that the information on this form is true and complete to the best of my knowledge. I am aware of the conditions under which the awards are made and promise to inform the First Community Foundation Partnership of PA of any change in circumstances.

I understand that tax return forms provide information to be used in the consideration of finalists for awards made by the First Community Foundation Partnership of PA. The information submitted is held in strictest confidence.

I hereby authorize the First Community Foundation Partnership of PA to share this information with members of the Scholarship Committee.

APPLICANT'S SIGNATURE

PARENT OR GUARDIAN'S SIGNATURE

DATE

DATE

Return to: High School Guidance Office

Questions: Contact the High School Guidance Office
or Betty Gilmour, Program Officer, at the First Community Foundation Partnership of PA
Phone (570) 321-1500
E-mail bettyg@fcfpa.org

All scholarships are for graduating high school seniors. All scholarships are paid directly to the higher institution of education.

_____ Marion Jones Donaldson Scholarship

Selection Criteria:

- Attending an accredited institution of higher education
- Pursuing major coursework in the area of Elementary or Secondary Education
- Have a four-year overall minimum grade average of 85%.
- The selection committee shall consider evidence of involvement in community service, extra-curricular activities, and financial need. Selection shall not be discriminatory on the basis of gender, race, religion, or similar characteristics of applicants.
- A typed essay of 500 words or less describing why you want to enter the field of education
- At least three letters of reference.