

**First Community Foundation Partnership of PA Scholarship Application
 for Milton 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):

NAME _____	NAME _____	Include in following order: ___ Application ___ Essay ___ Activity Sheet ___ Reference Letters ___ Transcript ___ Parents' Tax Return(s) (if required)
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.

_____ **Gina L. Barnhart Memorial Scholarship Fund**

Selection Criteria:

- Accepted by a qualified institution of higher education
- Major in elementary education; or if there are no candidate(s) with that objective, then, a major in secondary education
- If no candidates plan to pursue an education major, then preference will be given to those whose educational and/or career objectives focus on working with children or community service
- Preference will be given to applicants in good standing of the cheerleading squad
- Applicants must submit a short essay of up to 200 words on the following topic: “How has my participating in cheerleading and sports helped to prepare me for a career in elementary education or other work on behalf of children?”