

**First Community Foundation Partnership of PA Scholarship Application  
 for Sullivan County 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](mailto:bettyg@fcfpa.org)

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

\_\_\_\_\_ **Arey Family Scholarship**

Selection Criteria:

- Attend a junior college, college or vocational school
- Pursuing higher education goals in the field of agriculture
- If there is no candidate(s) pursuing an education in agriculture then a candidate pursuing an education in natural resource management; and if not natural resources, then environmental education shall be substituted
- Must be children or stepchildren of persons who are actively engaged in the career of farming within Sullivan County, PA.
- Must maintain an average of C+ or better throughout high school career
- Has experience with community service and volunteering
- Financial need may be a consideration (**tax return(s) required for consideration**)

\_\_\_\_\_ **Missigman Scholarship Fund**

Selection criteria:

- Attend a full-time undergraduate program at an accredited institution of higher education, preferably in Pennsylvania
- Demonstrated strong potential to succeed in pursuing higher education objectives
- Financial need is not a fundamental requirement, but the impact that a scholarship will have on a candidate's potential for success shall be considered