

MARGARET E. WALDRON SCHOLARSHIP FUND Application Guidelines

Purpose & Awards: Two (2) scholarships will be awarded annually: one graduating boy and one graduating girl from Muncy High School. The amount of the scholarship \$14,000 over four years; \$3,000.00 for the freshman and sophomore years and \$4,000.00 for the junior and senior years.

Application Process: An application with these guidelines can be obtained from the High School Guidance Office or the Williamsport Lycoming Community Foundation.

Application Deadline & Address: Applications and requested materials are to be returned to the Williamsport Lycoming Community Foundation, 330 Pine Street, Suite 401, Williamsport, PA 17701, no later than **April 1**.

Scholarship Selection Process: The Waldron Trust Scholarship Committee will select scholarship recipients.

Complete criteria:

- Must be a graduate from Muncy High School in good standing in both studies and deportment
- Must have completed grades 10,11,12 at Muncy High School
- Must rank in upper 1/5 of the class for Junior and Senior years
- Submit letter of acceptance from a postsecondary institution of higher education
- Submit a copy of his/her parents' current U.S. Individual Income Tax Return
- Submit a copy of his or her high school transcript through the 3rd **(latest)** marking period of his/her senior year

Scholarship Awards Disbursement: One (1) scholarship will be awarded annually. Scholarship award payments will be paid directly to the college or university where the recipient will be attending.

When reviewing each applicant, the committee will consider the student's academic achievement, school and non-school activities, character, and financial need. A subjective appraisal of each of these qualities will be made for each applicant and applied to the weighted scale in determining the recipient of the award.

1. Scholarship: 50%
 - A. Class Rank
 - B. SAT Scores (College Boards)
 - C. PSAT Selection Index
2. Citizenship: 20%
 - A. School activities and clubs
 - B. Offices held in extracurricular activities
 - C. Community activities
3. Financial Need: 30%
 - A. Parent's gross income
 - B. Parent's taxable income
 - C. College costs
 - D. Siblings in college

MARGARET E. WALDRON SCHOLARSHIP FUND

Complete the application providing as much detail as possible.

NAME CIRCLE ONE (MS. / MR.) _____

ADDRESS _____

CITY, STATE ZIP _____

HOME PHONE _____

CELL PHONE _____

E-MAIL _____

HIGH SCHOOL _____

GRADUATION DATE _____

SOCIAL SECURITY NUMBER _____

AREA OF STUDY _____

Check if living:

- Father
- Mother
- Stepfather
- Stepmother

Check all that apply:

- Parents living together
- Parents separated
- Parents divorced
- Student has legal guardian

Complete parental information:

Father Stepfather Guardian

NAME _____

OCCUPATION _____

ADDRESS _____

EMPLOYER _____

HOME PHONE _____

CELL PHONE _____

E-MAIL _____

Mother Stepmother Guardian

NAME _____

OCCUPATION _____

ADDRESS _____

EMPLOYER _____

HOME PHONE _____

CELL PHONE _____

E-MAIL _____

List all siblings and household dependents.

Give age, college, or occupation:

1. Name and address of college or university where accepted. Please provide proof of acceptance into a full-time or part-time program of study in the medical field at an accredited institution.

2. State your vocational goals

3. Briefly describe your plans for financing your education. (Include scholarships, grants or other financial aid already received).

List your educational expenses for the academic year.

Tuition & Fees:	\$ _____
Room & Board:	\$ _____
Books & Supplies:	\$ _____
Incidentals:	\$ _____
Total Estimated Expenses	\$ _____

4. List the significant school activities in which you have participated for grades nine through twelve:

5. List the significant out of school activities in which you have participated.

6. Attach a typewritten, one page statement on why you are applying for the Margaret E. Waldron Scholarship.

It is understood that information reported on this application is confidential and is restricted to use by the nomination committee for the sole purpose of determining the eligibility of the applicant.

It is further understood that any evidence of willful deception in providing the required information will automatically disqualify the applicant from further consideration.

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 Williamsport Lycoming Community Foundation 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 Williamsport Lycoming Community Foundation. The information submitted is held in strictest confidence.

I hereby authorize the Williamsport Lycoming Community Foundation to share this information with members of the Scholarship Committee.

APPLICANT'S SIGNATURE

PARENT OR GUARDIAN'S SIGNATURE

DATE

DATE

Return to: Williamsport Lycoming Community Foundation
330 Pine Street
Suite 401
Williamsport, PA 17701

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