



ELK DIABETES FUND ESTABLISHED BY ELK REGIONAL HEALTH SYSTEM FOUNDATION SCHOLARSHIP ELIGIBILITY

TO QUALIFY FOR THIS SCHOLARSHIP, YOU MUST BE A GRADUATING SENIOR FROM ELK COUNTY PLANNING TO MAJOR IN NURSING.

For consideration this application must be completed and returned to the guidance office by _____ . All Elk Diabetes scholarship applications must be received at the Elk County Community Foundation office from your guidance office no later than April 1. There will be no exceptions. The Scholarship Selection Committee, appointed by the Board of Directors of the Elk County Community Foundation, will select the scholarship recipient.

THE ELK DIABETES SCHOLARSHIP

The Fund was established primarily to benefit the communities of Elk County, PA through scholarship grants made to deserving and qualified students from Elk County. This scholarship was established through a donation from the Elk County Diabetes organization to the Elk Regional Health System Foundation.

TERMS FOR SCHOLARSHIP

The committee will grant the Elk Diabetes Scholarship as instructed. The selection of students to receive scholarship grants shall be made by the committee without regard to race, religion or sex of the applicant or their political perspectives. The committee will not place restrictions upon a candidate's choice of college or university.

The committee shall require, prior to the disbursement of any scholarship, proof that the scholarship recipient is actually enrolled as a student at the educational institution for which the grant is made, and all scholarship grants shall be paid only to the education institution attended by the recipient and never directly to the recipient. This grant covers tuition, fees, and books for the applicable fall, winter, or spring quarter.

The Elk County Community Foundation is approved as a PATH Program participant. If you are awarded a scholarship of at least \$500 from the Community Foundation, we will submit your name to AES/PHEAA for additional scholarship funding through PATH. To be eligible for the PATH award, you must meet the following criteria: be enrolled in an approved Pennsylvania College or career school; be a State Grant recipient and have a Federal Student Loan; and demonstrate financial need for PATH Program Grant. PATH grants will not exceed the Maximum State Grant for the particular academic year.

*Elk County Community Foundation
P.O. Box 934 ~ St. Marys, PA 15857
Phone: 814.834.2125 ~ Fax: 814.834.2126
eccf@windstream.net ~ www.elkcountyfoundation.com*

Type or print neatly in black or blue ink. Only complete applications will be considered.

Personal Information:

Last Name MI First Name

Street Address Apt. /Unit Number

City State Zip Code Home Phone Cell Phone

Sex: M F Date of Birth: _____
MM/DD/YYYY Name of High School Date of Graduation

E-mail Address

#

Parental Information:

Father's Last Name MI First Name

(If different) Street Address Apt. /Unit Number

City State Zip Code Best Available Phone Number

Name of Employer Employed Since

Mother's Last Name MI First Name

(If different) Street Apt. /Unit Number

City State Zip Code Best Available Phone Number

Name of Employer Employed Since

Academic Information:

High School Course of Study
Check: Intended Enrollment Status: Full Time Part Time

Intended Post-Secondary Major Anticipated College Graduation Date: _____
DD/ MM/YYYY

Employment Information:

Do you currently have a part-time job? _____ If yes: _____
Position

Name and Phone Number of employer Wages

Educational Insights:

For the summer/fall session, please list the names of the schools you have applied to. Indicate if you have been accepted to or are waiting to hear from the school.

1) _____ 2) _____
Have you been accepted? Y N Have you been accepted? Y N

3) _____ 4) _____
Have you been accepted? Y N Have you been accepted? Y N

Financial Information:

Please enter your Expected Family Contribution (EFC) number that can be found on the top of your Student Aid Report (SAR), which is generated after completing your Free Application for Federal Student Aid Form

(FAFSA): _____. If this number is not available at the time of submitting the application, please provide details as to the status of FAFSA. Please fax or call the Community Foundation office when the number becomes available.

Family Taxable Income: _____

Other Family Financial Assets or Resources: _____

Number of Dependents in Family _____ Number of other siblings in College _____

Applicant's Combined Anticipated Financial Aid _____

Attachments:

- Please attach an activity resume that highlights all of your activities in the sectors of school and community and any honors and/or awards you have received.
- Please attach a, computer-generated essay (200-250 words) on what your future goals are and how this scholarship will help you attain these goals. Include what college and major concentration you will be pursuing. The essay should be written with 1 ½ inch spacing, margins justified, 12-point font in Times New Roman. Check for neatness, spelling and structure.

I attest that all personal data included within this application is truthful and in no way misleading. All contents have been completed entirely by myself (the applicant) to the best of my knowledge.

If I am selected as a recipient of an Elk County Community Foundation scholarship, I agree to permit the Foundation to confer with my school to verify my continuing enrollment during the term of my scholarship. I also agree that my name and photograph can be used in announcements made by the Elk County Community Foundation regarding the particular scholarship(s) for which I have been awarded. I also agree that by signing this I permit my high school to give the Elk County Community foundation information regarding my SAT scores, ACT scores, GPA, and class rank.

Awards may be used at any accredited, nonprofit college or university within the United States.

Signature of Applicant

Date of Signature