

**APPLICATION INSTRUCTIONS FOR
WALTER H. FLINCHBAUGH MEMORIAL SCHOLARSHIP
Venango Area Community Foundation
an affiliate of
BRIDGE BUILDERS COMMUNITY FOUNDATIONS**

ELIGIBILITY for the Walter H. Flinchbaugh Memorial Scholarship

The Flinchbaugh Scholarships are for senior students or graduates of Cranberry Area High School. **The Flinchbaugh Scholarship has a preference for those who enroll in Clarion University of PA, AT CLARION.** The scholarships will be awarded according to financial need to students planning to attend colleges, universities, technical or trade schools, nursing schools, or business colleges. The Flinchbaugh Scholarship Committee will consider scholastic achievement, test scores, and participation in school and community activities when selecting scholarship recipients. Students must be attending college full time in order to receive this scholarship.

Bridge Builders Community Foundations
206 Seneca Street
Oil City, PA 16301
Phone: (814) 677-8687

1. Application

The attached application should be completed in full, signed and returned by March 31, 2012 to this office.

2. Secondary School Transcript & Scholastic Aptitude Test Scores

You should request that your high school guidance counselor submit your permanent high school record including the courses and grades obtained to date, class rank and College Board test scores. Each applicant desiring to attend an accredited college must take the Scholastic Aptitude Tests of the College Entrance Examination Board in January or earlier. Apply to take these tests at your guidance office.

3. Copy of your Completed FAFSA showing Expected Family Contribution

4 2011 Income Tax Return

Your parents must submit a true and correct signed copy of their Income Tax Form 1040, 1040A, or 1040EZ for the year ending December 31, 2011. (Be sure to include the page of the tax form that has the signature on it.) If you filed an income tax return for 2011 a signed copy must be submitted. Please send the **entire tax return including all schedules.**

5. Supplements for Business, Farm and Divorced/Separated Parents should be completed, if applicable. These forms are now available on-line at **bridgebuilderscommunityfoundations.org** under applications, other financial aid applications.

6. Family Educational Rights and Privacy Act (F.E.R.P.A.)

You must sign and return to this office the Social Security Number **F.E.R.P.A.** Release form (a parent must also sign if you are under 18 years of age on the day you sign the form.)

You should remove and retain these instructions. The applicant must pay any fees or charges of any kind.

**Walter H. Flinchbaugh Memorial Fund
Bridge Builders Community Foundations**

RETURN PROMPTLY TO: Bridge Builders Community Foundations, 206 Seneca Street, Oil City, PA 16301

Must be received by March 31, 2012

TYPE OR PRINT ALL ENTRIES IN INK

1. NAME: _____

2. SOCIAL SECURITY NUMBER: _____

3. ADDRESS: _____

4. CITY: _____ TOWNSHIP: _____ COUNTY: _____

5. STATE: _____ ZIP CODE: _____ TELEPHONE NUMBER: _____

6. BIRTH DATE: _____ HIGH SCHOOL GRADUATION DATE: _____

7. MARITAL STATUS: SINGLE MARRIED DIVORCED NO. OF DEPENDENTS: _____

8. IF MARRIED ANNUAL INCOME OF SPOUSE: \$ _____ PLACE OF EMPLOYMENT: _____

9. HIGH SCHOOLS ATTENDED: _____

NAME: _____ FROM: _____ TO: _____

NAME: _____ FROM: _____ TO: _____

NAME: _____ FROM: _____ TO: _____

10. SCHOOL YOU ARE PLANNING TO ATTEND: _____

SCHOOL ADDRESS: _____

MAJOR FIELD OF STUDY: _____

LENGTH OF PROGRAM: _____

OCCUPATIONAL GOAL: _____

11. HOUSING (check one): DORMITORY OFF CAMPUS HOUSING LIVING AT HOME

12. COSTS PER YEAR: _____

A. TUITION & FEES: \$ _____

B. ROOM & MEALS: \$ _____

C. TOTAL COSTS: \$ _____

13. FATHER'S NAME: _____

ADDRESS: _____

PLACE OF EMPLOYMENT: _____

OCCUPATION: _____

14. MOTHER'S NAME: _____

ADDRESS: _____

PLACE OF EMPLOYMENT: _____

OCCUPATION: _____

15. MARITAL STATUS OF PARENTS: MARRIED SEPARATED DIVORCED WIDOWED SINGLE

I hereby authorize the administrator serving this program to request from any school attended by me: information, transcripts, financial aid records and any other records deemed necessary for the administration of this scholarship program, and I authorize any such school to submit any information, transcripts and other records that may be requested by the scholarship administrator.

Signature of Applicant: _____ Date: _____

Parent's e-mail address: _____

Student's e-mail Address: _____

INFORMATION ON THE F.E.R.P.A. AND USE OF YOUR SOCIAL SECURITY NUMBER

The Family Educational Rights and Privacy Act (F.E.R.P.A.) of 1974 requires that each federal, state or local agency that asks for your social security number or other information must tell you the following:

1. Its legal right to ask for the information and whether the law says you must give it;
2. What purpose this agency has in asking for it and how it will be used; and
3. What could happen if you do not give it.

The number is needed to be sure we know who you are, to process your application, and to keep track of your record. We use your social security number in recording information about your college attendance; and in making sure that you have received the benefit of this scholarship. If you do not give us your social security number, you will not receive aid from the Walter H. Flinchbaugh Memorial Scholarship. Flinchbaugh Scholarship applicants are hereby advised that disclosure of their social security number is a requirement and a condition for receiving a Walter H. Flinchbaugh Memorial Scholarship. This agency, without such an identifier, would have difficulty in maintaining proper program records. Section 7(a)(2) of the F.E.R.P.A. provides that an agency may continue to require the disclosure of an individual's social security account number where the agency required this disclosure under statute or regulations prior to January 1, 1975, in order to verify the identity of the individual. Beginning in 1978 applicants for Bridge Builders Community Foundations scholarships have been required to answer all questions completely or face disqualification for grant assistance. All subsequent forms utilized by this agency contain the social security account number as the identifier of the applicant, including eligibility announcements forwarded to the student and the financial aid officer of the postsecondary institution.

STATEMENT OF CERTIFICATION OF AUTHORIZATION

By signing the application, I/we authorize this agency for any year in which the applicant is considered for a Walter H. Flinchbaugh Memorial Scholarship: to make public announcement of any Flinchbaugh award made to the applicant; to investigate in any manner deemed appropriate by this agency, the eligibility of the applicant for a Flinchbaugh Scholarship; to forward to the postsecondary institution(s) which the applicant listed or subsequently indicates that the applicant may attend and to others administering financial aid which may bear on eligibility under the application, all information on any application and all information subsequently submitted to or acquired by the Agency. I/we also authorize and direct other federal, state and local government agencies, my high school, and my present and future employers to release to this agency information in their possession which may bear on my eligibility under the application. I/we understand that all documents submitted to this agency become the property of this agency and cannot be returned. I/we declare under penalty of the criminal laws of the Commonwealth of Pennsylvania that the application has been examined by me/us and to the best of my knowledge and belief is a true, correct and complete application. I, the applicant, understand that this scholarship, if awarded, cannot exceed unpaid charges by the institution for educational costs as determined by this agency (tuition and mandatory fees, room and board, and an academic year allowance for books.)

STATEMENT OF CERTIFICATION OF AUTHORIZATION

By signing the Application for the Walter H. Flinchbaugh Memorial Scholarship, I/we hereby affirm that the signature below constitutes acceptance of the Statement of Certification of Authorization on this page, which is incorporated herein by reference and which I/we have read, understand, agree to and certify.

SIGNATURE OF STUDENT _____ **DATE** _____

PARENT'S SIGNATURE _____ **DATE** _____
(Required if student is less than the age of 18)