

APPLICATION JEAN LUCILLE FRANK SCHOLARSHIP

RETURN PROMPTLY TO: Scholarship Administrator, 206 Seneca Street, Oil City, PA 16301

DEADLINE: March 31, 2012

TYPE OR PRINT ALL ENTRIES IN INK

1. NAME: _____ 2. SOCIAL SECURITY NO.: _____
Last First M.I.

3. ADDRESS: _____ 4. PHONE NO.: _____

5. CITY: _____ TOWNSHIP: _____ STATE: _____ ZIP CODE: _____

6. BIRTH DATE: _____ 7. HIGH SCHOOL GRADUATION DATE: _____

7. HIGH SCHOOLS ATTENDED:

(a) Name: _____ Dates: From: _____ To: _____

(b) Name: _____ Dates: From: _____ To: _____

(c) Name: _____ Dates: From: _____ To: _____

8. College, university or other provider where you are planning to study classical music performance:

Address:

8.(a) Length of Program _____ 8.(b) Occupational Goal: _____

9. COSTS:

Tuition & Fees: \$ _____ Room & Meals \$ _____ Other Costs: \$ _____ Total Cost \$ _____

10. Father's Name: _____ Occupation: _____

Father's Address: _____ Place of Employment: _____

Mother's Name: _____ Occupation: _____

Mother's Address: _____ Place of Employment: _____

11. Do you plan to enroll in a classical music performance education program as a soprano? YES ___ NO ___

12. Have you auditioned and been accepted in a classical music performance education program? YES ___ NO ___

In connection with this application for a scholarship, I hereby authorize the administrator serving this scholarship 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 or other provider to submit any information, transcripts and other records which may be requested by the scholarship administrator.

Signature of Applicant: _____ Date: _____

Parent's e-mail address: _____

Student's e-mail Address: _____

Please complete the back of this application

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

The 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 Jean Lucille Frank Scholarship. J. L. Frank scholarship applicants are hereby advised that disclosure of their social security number is a requirement and a condition for receiving a Jean Lucille Frank 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 Venango Area Community Foundation 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 Jean Lucille Frank Scholarship: to make public announcement of any J. L. Frank award made to the applicant; to investigate in any manner deemed appropriate by this agency, the eligibility of the applicant for a J. L. Frank 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 Jean Lucille Frank 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)