

**APPLICATION INSTRUCTIONS FOR  
THE WILLIAM H. LOCKE and VERA A. LAMEY MEMORIAL SCHOLARSHIP FUNDS  
VENANGO AREA COMMUNITY FOUNDATION  
an affiliate of  
Bridge Builders Community Foundations**

**ELIGIBILITY.** The Locke and Lamey Scholarships are for students currently graduating from Oil City Area High School. **The Locke Scholarship is for one year. The Lamey Scholarship may be renewed after the first year.** 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 Scholarship Committee will give consideration to scholastic achievement, test scores, and participation in school and community activities and other student and family circumstances when selecting scholarship recipients.

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

**1. Application:** The application should be completed in full, signed and returned immediately.

**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. 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.)

Please do not submit this page with your application. You should remove and retain these instructions. Any fees or charges of any kind must be paid by the applicant.

PLEASE REFER TO THE NAME OF THE SCHOLARSHIP WHEN WRITING TO THIS OFFICE. MAKE AND KEEP COPIES FOR YOUR RECORDS OF ALL FORMS THAT YOU SEND TO US AS WELL AS THE PROFILE APPLICATION THAT YOU SEND TO THE COLLEGE SCHOLARSHIP SERVICE. THIS WILL BE HELPFUL IN CASE ANY FORMS GET LOST.

**THE WILLIAM H. LOCKE and VERA A. LAMEY MEMORIAL SCHOLARSHIP**  
**Venango Area Community Foundation**

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

**DEADLINE: 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: \_\_\_\_\_

YEAR OF COLLEGE/TRADE SCHOOL COMPLETED BY MAY 2012: \_\_\_\_\_

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

16. NUMBER OF FAMILY MEMBERS: \_\_\_\_\_ FAMILY MEMBERS IN COLLEGE FULL TIME 2012-12 \_\_\_\_\_

I am fully aware that SHOULD I FAIL to make such reports no further applications for scholarships will be considered by The Vera A. Lamey Memorial Scholarship Committee.

In connection with this application for a scholarship from The William H. Locke Memorial Scholarship and The Vera A. Lamey Memorial Scholarship, 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: \_\_\_\_\_

PLEASE EXPLAIN YOUR EDUCATIONAL PLANS AND JOB/CAREER GOALS AND ANY FAMILY OR PERSONAL CIRCUMSTANCES OR CHALLENGES THAT YOU FACE IN CONTINUING YOUR EDUCATION OR TRAINING

A. What are your job or career goals?

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B. Please describe what you have done to plan for the training or education you will need.

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C. Why have you chosen the training program or school that you plan to attend?

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D. Please describe below family circumstances, challenges or barriers that you face in continuing your education or training.

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Your Name

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**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 Vera A. Lamey and William H. Locke Memorial Scholarships. Lamey and Locke scholarship applicants are hereby advised that disclosure of their social security number is a requirement and a condition for receiving a Vera A. Lamey and William H. Locke Memorial Scholarships. 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 Vera A. Lamey and William H. Locke Memorial Scholarships: to make public announcement of any Lamey and Locke awards made to the applicant; to investigate in any manner deemed appropriate by this agency, the eligibility of the applicant for a Lamey or Locke 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 Vera A. Lamey and William H. Locke Memorial Scholarships, 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)