

**APPLICATION INSTRUCTIONS FOR  
JOHN R. LOEFFLER MEMORIAL GOLF SCHOLARSHIP  
VENANGO AREA COMMUNITY FOUNDATION  
an affiliate of  
Bridge Builders Community Foundations**

Requirements listed below must be met in order for you to be considered for an award.

**ELIGIBILITY**

To be eligible for a Loeffler Scholarship the applicant must be a graduate of a high school in Venango County or Titusville Area High School, Allegheny-Clarion Valley High School or Clarion Area High School. The applicant must be proficient in the sport of golf and may desire to pursue a career in golf and plan to attend a college or university with a golf team. The scholarship will be awarded to assist such student in furthering his or her education at an accredited college or university. **This is a one-year scholarship.** 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 immediately.

**2. Secondary School Transcript & Scholastic Aptitude Test Scores:** You should request that the guidance counselor at your high school submit your high school record including the courses and grades obtained to date, and class rank. Each applicant desiring to attend an accredited college must take the Scholastic Aptitude Tests of the College Entrance Examination Board in January or earlier. Make application for these tests at the office of your guidance counselor. Please request that the guidance counselor submit Scholastic Aptitude and College Entrance Examination Test Scores from your permanent records.

**3. Copy of your Completed FAFSA showing Expected Family Contribution**

**4. 2011 Income Tax Return:** Parents must submit with your application 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 which has the signature on it.) If you are an independent student, or filed an income tax return, send a properly signed copy of your Income Tax Form 1040, 1040A, or 1040EZ for 2011. If you E-FILED your return, please sign and include a copy of your e-return. 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.)

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

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.

**John R. Loeffler Memorial Golf 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: \_\_\_\_\_

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: \_\_\_\_\_

14. MOTHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

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

17. Does the school you plan to attend have a golf team and do you plan to participate in a collegiate golf program? \_\_\_\_\_

18. Did you play on your high school team? \_\_\_\_\_ How many years? \_\_\_\_\_

19. Golf handicap: \_\_\_\_\_ Average Score: \_\_\_\_\_

In connection with this application for a scholarship from the John R. Loeffler Memorial Golf 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 \_\_\_\_\_

Attach any pertinent information that may not be covered regarding your request for this scholarship.

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 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 John R. Loeffler Memorial Golf Scholarship. Loeffler scholarship applicants are hereby advised that disclosure of their social security number is a requirement and a condition for receiving a John R. Loeffler Memorial Golf 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 John R. Loeffler Memorial Golf Scholarship: to make public announcement of any Loeffler award made to the applicant; to investigate in any manner deemed appropriate by this agency, the eligibility of the applicant for a Loeffler 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 John R. Loeffler Memorial Golf 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)