

**APPLICATION INSTRUCTIONS FOR
THE J. BOWMAN PROPER MEMORIAL SCHOLARSHIP FUND
FOREST AREA COMMUNITY FOUNDATION
an affiliate of
Bridge Builders Community Foundations**

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

ELIGIBILITY

Scholarships may be granted to persons who are graduates of West Forest High School and/or are Forest County residents. Scholarships are awarded to attend technical or trade schools, colleges, universities, nursing schools or business colleges for tuition, laboratory fees, books, room and/or board. It is the responsibility of the applicant to be accepted at the school of his or her choice. **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 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. 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.

**J. Bowman Proper Memorial Scholarship
Forest 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 2012-13 _____

In connection with this application for a scholarship from the J. Bowman Proper 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: _____

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