

APPLICATION INSTRUCTIONS FOR  
MARY E. SHANER SCHOLARSHIP FUND  
of the Clarion Area Community Foundation  
an affiliate of  
Bridge Builders Community Foundations

**ELIGIBILITY** Scholarship recipients must be graduates of Keystone High School who are enrolling in Clarion University of Pennsylvania, The Pennsylvania State University (Penn State) or Thiel College.

The Scholarship Committee will consider the following when awarding a scholarship.

- \* Grade point average
- \* Financial need and
- \* Occupational plans

**SUBMISSION:** All items must be sent to this office (at the address below) by March 31, 2012. It is your responsibility to observe these deadlines.

Mail all items to:      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 promptly.**
2. **Secondary School Transcript & Scholastic Aptitude Test Scores:** You should request that your high school guidance counselor submit your permanent record including the courses and grades obtained to date, class rank and College Board Test (SAT) 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. Make application for these tests at your guidance office.
3. **Copy of your Completed FAFSA showing Expected Family Contribution**
4. **Income Tax Report:** 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.) 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.

Mary E. Shaner Scholarship  
Clarion 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: \_\_\_\_\_

CLARION UNIVERSITY  PENNSYLVANIA STATE UNIVERSITY  THIEL COLLEGE

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

16. NUMBER OF FAMILY MEMBERS: \_\_\_\_\_ FAMILY MEMBERS IN COLLEGE FULL TIME 2012-13: \_\_\_\_\_

In connection with this application for a scholarship from the Mary E. Shaner 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: \_\_\_\_\_

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17. Are you or do you expect to be a graduate of the Keystone School District?  
Yes  No  Year \_\_\_\_\_

18. Do you intend to attend one of the following college or university systems?  
Yes  No

If YES, indicate your choice and attach a copy of an official letter of acceptance.

- Clarion University of Pennsylvania
- The Pennsylvania State University (Penn State)
- Thiel College

19. Do you understand that you must present an official transcript of your First Semester work at the Keystone District Office in order to cause a transfer of the Scholarship monies to your college or university tuition account? Yes  Your Initials: \_\_\_\_\_

20. Do you understand that the Scholarship will be available only to the recipient designated by the Selection committee and only after maintaining a 2.75 (4-point system) GPA for the First Semester?  
Yes  Your Initials: \_\_\_\_\_

21. Have you attached two letters of recommendation from your High School Teachers?  
Yes  Your Initials: \_\_\_\_\_

22. Have you attached one letter of reference from a responsible adult who is not an employee of the Keystone School District?  
Yes  Your Initials: \_\_\_\_\_

23. Have you attached an official transcript from Keystone High School?  
Yes  Your Initials: \_\_\_\_\_

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