

**APPLICATION INSTRUCTIONS FOR
SHERMAN SCHOLARSHIP FUND MEMORIAL SCHOLARSHIP
WEST FOREST HIGH SCHOOL**
of the Forest County Community Foundation
an affiliate of
Bridge Builders Community Foundations

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

- A. The award will be made to one West Forest High School graduating senior;
- B. The following will be considered when awarding a scholarship:
 - Academic performance
 - Career Choice
 - Participation in the West Forest High School curricular or extracurricular activities, events or programs;
 - Likelihood of success as a college or university student and
 - Community activities.
- C. The scholarship award will be for one year only.
- D. This scholarship award will be granted only to persons who attend a 4 year college, university, technical or trade school that are described in the Internal Revenue Code Sec 170(b)(A)(ii), and scholarship grants will be disbursed only for the benefit of applicants who are accepted by and in actual attendance at such institutions.

SUBMISSION: The following items must be filed by **March 31, 2012.**

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. **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.

APPLICATION
SHERMAN SCHOLARSHIP FUND
GRADUATING SENIORS OF WEST FOREST HIGH SCHOOL

RETURN PROMPTLY TO: Forest Area Community Foundation, 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. HIGH SCHOOL GRADUATION DATE: _____

7. Which College or University are you planning to attend? _____

School address: _____

(a) Major Field of Study: _____ 10.(b) Length of Program: _____

(c) Occupational Goal: _____

8. Father's Name: _____

Fathers Address: _____

Mothers Name: _____

Mothers Address: _____

9. Have you been involved in extracurricular activities at West Forest High School, with at least one activity each year in grades 9 – 12? ___ Yes ___ No (Please provide proof of your involvement)

10. Please list your school and community activities on the back.

In connection with this application for a 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 which may be requested by the scholarship administrator. I also agree to report **IN WRITING** any financial aid that I may receive in addition to any possible awards from this Fund and to make this report IMMEDIATELY after I have been notified of each such grant.

Signature of Applicant: _____ Date: _____

Describe on the back of this form any pertinent information including involvement in the West Forest High School Community, activities and community service which you believe is not covered above 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 Sherman Scholarship Fund Memorial Scholarship. Sherman Scholarship applicants are hereby advised that disclosure of their social security number is a requirement and a condition for receiving the Sherman Scholarship Fund Memorial 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 the Sherman Scholarship Fund Memorial Scholarship: to make public announcement of any Sherman award made to the applicant; to investigate in any manner deemed appropriate by this agency, the eligibility of the applicant for a Sherman 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 Sherman Scholarship Fund Memorial 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)