

**APPLICATION INSTRUCTION FOR
JEAN LUCILLE FRANK SCHOLARSHIP**
of The Venango Area Community Foundation

ELIGIBILITY Applicant must be the Oil City High School senior who is an outstanding soprano and desires to further her classical music education.

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

- a. The award will be made to an Oil City High School graduating senior;
- b. The recipient must be a student that has been selected as an outstanding soprano;
- c. The recipient must be a student that will continue her classical music education;
- d. The recipient must have financial need that would necessitate a scholarship to continue her education and
- e. This scholarship award will be granted only to persons who aspire to obtain the education, training or instruction to perform as a classical soprano. Including:
 - Performance oriented education, training and/or instruction,
 - Admission to a program that requires an audition for acceptance and
 - Career plans to perform in opera, oratorio and/or high quality music theatre

SUBMISSION: The following items must be filed by **March 31, 2010**.

Mail all items to: Patty Huber, Scholarship Administrator
P. O. Box 374
Oil City, PA 16301 Phone: (814) 677 - 5085

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. **CSS/Financial Aid PROFILE -** Even if your college or university does not require a PROFILE application, you must complete this form in order to receive any scholarship administered by Kosak and Associates. Please note the following steps for filing the PROFILE application.

Enclosed is the "Student Guide" which will explain the procedure you must follow in order to complete the CSS/Financial Aid Profile. **Be sure to enter the code #0430 for Kosak and Associates on the PROFILE application where it asks for Colleges, Universities and programs to receive PROFILE information.** The code #0430 must be entered to assure that our office receives the Profile information. It should be completed online by March 15, 2010, to ensure we receive it by March 31, 2010. **Please note there are two steps; first you must register and second you must fill out the application and SUBMIT it.**

Supplements for Business, Farm and Divorced/Separated Parents should be completed, if applicable. Please telephone (677-5085) if you need the Supplemental forms or if you want to know if your parents must complete any of these supplements.

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, 2009. (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. **Privacy Act Form:** You must sign and return to this office the Social Security Number Privacy 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
JEAN LUCILLE FRANK SCHOLARSHIP
of The Venango Area Community Foundation

RETURN PROMPTLY TO: Patty Huber, P. O. Box 374, Oil City, PA 16301

DEADLINE: March 31, 2010

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. BIRTH DATE: _____ 7. HIGH SCHOOL GRADUATION DATE: _____

7. HIGH SCHOOLS ATTENDED:

(a) Name: _____ Dates: From: _____ To: _____

(b) Name: _____ Dates: From: _____ To: _____

(c) Name: _____ Dates: From: _____ To: _____

8. College, university or other provider where you are planning to study classical music performance:

Address:

8.(a) Length of Program _____ 8.(b) Occupational Goal: _____

9. COSTS:

Tuition & Fees: \$ _____ Room & Meals \$ _____ Other Costs: \$ _____ Total Cost \$ _____

10. Father's Name: _____ Occupation: _____

Father's Address: _____ Place of Employment: _____

Mother's Name: _____ Occupation: _____

Mother's Address: _____ Place of Employment: _____

11. Do you plan to enroll in a classical music performance education program as a soprano? YES ___ NO ___

12. Have you auditioned and been accepted in a classical music performance education program? YES ___ NO ___

In connection with this application for a scholarship, I hereby authorize the administrator serving this scholarship 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 or other provider to submit any information, transcripts and other records which may be requested by the scholarship administrator.

Signature of Applicant: _____ Date: _____

Please complete the back of this application

INFORMATION ON THE PRIVACY ACT AND USE OF YOUR SOCIAL SECURITY NUMBER

The Privacy Act 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 Jean Lucille Frank Scholarship. Sanford scholarship applicants are hereby advised that disclosure of their social security number is a requirement and a condition for receiving a Jean Lucille Frank Scholarship. This agency, without such an identifier, would have difficulty in maintaining proper program records. Section 7(a)(2) of the Privacy Act 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 Kosak and Associates and 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 Jean Lucille Frank Scholarship: to make public announcement of any Sanford award made to the applicant; to investigate in any manner deemed appropriate by this agency, the eligibility of the applicant for a Sanford 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 Jean Lucille Frank 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)