



**APPLICATION INSTRUCTIONS FOR THE  
The Dale Gilliland Scholarship Fund  
Shenango Valley Foundation**

**Purpose**

One of the purposes of this charitable fund is to provide scholarship(s) for graduating senior(s) from New Wilmington High School with a financial need who plans to pursue a career in nursing.

The Gilliland Scholarship Committee will give consideration to the following criteria:

- Grade point average
- Financial Need
- Noteworthy achievements
- Awards and recognition
- Work history
- Special talent
- Community and personal activities

(If you are applying for this scholarship: You should request that your guidance counselor submit your high school records indicating the courses and grades obtained to date, ACT/SAT scores, class rank and a personal reference from a teacher, coach or guidance counselor. Also, if employed you should have your present employer give you a letter of reference that describes your present job, performance, attitude, attendance etc. Attach in writing any community groups or activities that you are involved in, along with an **essay** describing your **career goals, life mission and why you feel** that you should be a recipient of this scholarship.)

The Selection Committee, which shall select the Scholarship recipient shall be the committee approved by the Community Foundation. (No scholarships will be given to applicants who are direct relatives of the donors or, to trustees, officers or employees of the Community Foundation of Western PA and Eastern OH.)

### **Eligibility**

Any New Wilmington High School senior eligible for admission with a financial need that plans to pursue a career in nursing.

### **Terms of Scholarship**

The Committee will grant scholarships for one year only. The selection of students to receive scholarship grants shall be made by the Committee without regard to the race or religion or sex of the applicant or their political or economic views. The Committee shall place no restriction upon a candidate's choice of trade school, college or university.

The Committee shall require, prior to the disbursement of any scholarship, proof that the scholarship recipient is actually enrolled as a student at the educational institution for which the grant is made, and all scholarship grants shall be paid only to the educational institution attended by the recipient and never directly to the recipient. This grant covers tuition, fees and books for the applicable fall, winter or spring quarter.

*A luncheon honoring the recipients will take place mid-June. Should you be chosen as the recipient of this scholarship your attendance at this luncheon is strongly encouraged, as the donors who make the scholarship possible also will be invited.*

Make and keep copies for your records of all forms that you send to us. **Please do not staple pages. You may use paper clips or binder clips if necessary.**

1. The application must be filed by **March 7** of the current year.
2. Return Scholarship Application to:  
Community Foundation  
c/o Gilliland Scholarship  
33 Chestnut Street  
Sharon, PA 16146
3. Once the application is submitted it will be considered at a regular meeting of the Scholarship Committee.
4. The Committee will then notify the applicant that his/her scholarship request has been approved and to expect a grant from the scholarship to be forwarded to the college or university of the applicants choice.

Please do not submit the instruction pages with your application. You should remove and retain these instructions for your personal records.

**The Dale Gilliland Scholarship Fund  
REQUEST FOR SCHOLARSHIP  
APPLICATION FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(required)

Birth Date \_\_\_\_\_ Gender M F EMAIL address \_\_\_\_\_

High School \_\_\_\_\_ Date Graduated \_\_\_\_\_

**Educational Plans:**

List in order of personal preference those colleges to which you will apply and indicate tuition, fees, and room and board for each. If you currently are enrolled in college, indicate the name of and appropriate costs for this tuition.

College/University	Tuition	Room &Board	Books	Total
1.				
2.				
3.				
4.				

Do you plan to be commuting or resident student? \_\_\_\_\_

Major or field(s) of interest \_\_\_\_\_

Proposed profession \_\_\_\_\_

List other scholarships or financial assistance for which you are applying: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Parents or Guardians:**

Father (Guardian) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Employed by \_\_\_\_\_ How Long? \_\_\_\_\_

Mother (Guardian) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Employed by \_\_\_\_\_ How Long? \_\_\_\_\_

Marital Status of parents: ( ) Married ( ) Separated ( ) Divorced ( ) Widowed ( ) Single

Number of Siblings \_\_\_\_\_ Siblings in College \_\_\_\_\_

**Income:** for the "Parent" amount, use the following information from their tax return:

Parent(s) \$ \_\_\_\_\_

Scholarships \$ \_\_\_\_\_

Student Income \$ \_\_\_\_\_

**Other:**

Are you receiving any other financial assistance for your education? \_\_\_\_\_

If yes, How? \_\_\_\_\_

**Student Employment Record:**

Employed at \_\_\_\_\_

Date of Hire \_\_\_\_\_

Department \_\_\_\_\_ Position \_\_\_\_\_

**Certification:**

I hereby certify that financial assistance is necessary if I am to attend the college, trade school or university of my choice during the \_\_\_\_\_ academic year as indicated.

In signing this application, I certify that the information given is complete and correct to the best of my knowledge and belief.

In connection with this application for a scholarship from the **Dale Gilliland Scholarship Fund**, 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.

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Applicant Signature

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Date