



## **APPLICATION INSTRUCTIONS FOR The Katie Lynn Gilmore Memorial Scholarship Northern Mercer County Community Foundation**

### **Purpose**

This scholarship was established by family and friends to honor the memory of Katie Lynn Gilmore, whose life ended prematurely from injuries sustained in a tragic car accident. Katie, an intelligent, caring, spiritual individual, who loved her church, family and friends, was looking forward to continuing her education. This fund will provide a scholarship to a graduating senior of Lakeview High School to continue his or her education at a college, university or accredited training school.

The Katie Lynn Gilmore Memorial Scholarship Committee will give consideration to the following criteria, which are listed in no particular order:

- Financial Need
- School, community and personal activities
- Grade point average
- Noteworthy achievements
- Awards and recognition
- Work history
- Class Rank or percentile ranking
- Special Talent
- Willingness to participate in next fundraising event

Along with the application, please request that your guidance counselor submit your high school records indicating the courses and grades obtained to date, ACT/SAT scores, and class rank. Also include a personal reference from a teacher, coach or guidance counselor and, if employed, a letter of reference from your present employer that describes your present job, performance, attitude, attendance, etc.

Please include an essay addressing this topic: “Katie was a caring and compassionate person. How do you feel you demonstrate those qualities in your life and why do you feel you should be the recipient of this scholarship?”

The Selection Committee that will select the scholarship recipient shall be a 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 Lakeview High School graduating senior eligible for admission to attend a college, university or accredited training school on a full-time basis.

## **Terms of Scholarship**

The Committee will grant a scholarship 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 college, university, or military service.

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

*A luncheon honoring the recipients is scheduled for 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.*

## **Application**

Each applicant will complete a "Request for Scholarship" application form available from the Lakeview High School guidance office or online at [www.sv-foundation.org](http://www.sv-foundation.org).

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  
Katie Lynn Gilmore Memorial 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.

**Katie Lynn Gilmore Memorial Scholarship**  
REQUEST FOR SCHOLARSHIP

APPLICATION FORM

Name \_\_\_\_\_ SSN: \_\_\_\_\_  
*(required)*

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender: Male or Female      Email: \_\_\_\_\_

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 per semester for each.

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

Do you plan to commute or reside on campus? \_\_\_\_\_

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

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

**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, provide information from the most recent tax return.

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

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

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

**Other:**

Are you receiving any other scholarships toward your education? If so, please list:

\_\_\_\_\_

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

If yes, how? \_\_\_\_\_

**Please list any school activities in which you are a participant:** (Attach sheet, if necessary)

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

**Student Employment Record:**

Employed at: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

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

**Certification:**

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 Katie Lynn Gilmore Memorial Scholarship Fund Program, 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.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_