



**APPLICATION INSTRUCTIONS FOR
The Charles and Norma Hamilton Charitable Foundation Scholarship
Shenango Valley Foundation**

Purpose

The purpose of this scholarship fund is to provide one \$1,000 scholarship to a graduating West Middlesex High School senior who plans to continue his or her education at a college or university where he or she will major in the field of medicine, veterinary science or biology.

The Charles and Norma Hamilton Charitable Foundation Scholarship Committee will give consideration to the following criteria:

- Leadership/Service
- Character/Integrity
- School activities
- Noteworthy achievements
- Awards and recognition
- Work history
- Special talents
- Community and personal activities
- Financial Need
- Grade point average
- ACT/SAT scores
- Class rank

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 with which you are involved.

Please write an essay on the following topic:

- *How would this scholarship help you achieve your goals in the field of medicine, veterinary science or biology?*

The Selection Committee, which must be approved by the Community Foundation, will recommend the selection of the scholarship recipient. (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

West Middlesex High School seniors that plan to continue his or her education at a college or university where he or she will major in the field of medicine.

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 college, university, or military service.

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.

Application

Each applicant will complete a "Request for Scholarship" application form available from the high school guidance office or online at 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
c/o Hamilton 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 Shenango Valley Foundation
The Charles and Norma Hamilton Charitable Foundation
REQUEST FOR SCHOLARSHIP APPLICATION FORM

Name _____

Address _____

City, State, Zip _____

Telephone _____ Social Security Number _____
(required)

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 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 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, use the following information from their tax return:

Parent(s) \$ _____

Scholarships \$ _____

Student Income \$ _____

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 Charles and Norma Hamilton Charitable Foundation 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.

Applicant Signature: _____ Date: _____