



APPLICATION INSTRUCTIONS FOR The Erika Hirschmann Memorial Scholarship Fund Shenango Valley Foundation

Purpose

The purpose of this memorial scholarship fund is to provide one (1) \$1,000.00 scholarships to seniors graduating from Hickory High School, Hermitage, PA, who are planning to major in Special Education and/or have shown exceptional caring and compassion for special needs children or adults.

This scholarship is in memory of Erika Hirschmann who was a special education student of the Hermitage School District from 1983 through her graduation in 1999. Following graduation, Erika worked at the ARC of Mercer County (MCAR) Adult Workshop from 1999 through 2007. Erika loved the teachers and students of the Hermitage School District, and was blessed to have made many friendships during her years in the school system, especially with the students who volunteered to assist in the various special events, trips and recreation opportunities offered by the school district, MCAR and others. Erika passed away in 2008 from progressive heart and lung disease.

The Erika Hirschmann Memorial Scholarship Committee will give consideration to the following criteria, with the most important criteria being those at the beginning of the list:

- Demonstration of genuine caring and compassion for persons with disabilities
- Service to organizations or groups serving special-needs individuals
- Character / Integrity
- Leadership / Service
- Noteworthy achievements
- Academic performance, including ACT/SAT scores and grade point average

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 two personal reference letters - one from a teacher, coach or guidance counselor, and the other from a person in the community familiar with your character and service background. Also attach in writing a list of any community groups or activities with which you are involved.

You are also to write an **essay** explaining how you have provided service or companionship to persons with special needs and what these experiences have meant to

you, as well as how this scholarship will assist you in the pursuit of your future endeavors.

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 graduating senior currently attending Hickory High School, Hermitage, Pa.

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 or university.

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 forms 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 Erika Hirschmann 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.

The Shenango Valley Foundation
The Erika Hirschmann Memorial Scholarship Fund
REQUEST FOR SCHOLARSHIP
APPLICATION FORM

Name _____

Address _____

City, State, Zip _____

Telephone _____ Social Security Number _____
(required)

Birthday _____ Sex: Male or Female Email: _____

High School _____ Date Graduated _____

Educational Plans:

List in order of personal preference those colleges or universities to which you will apply.

College / University

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 _____

Student Employment Record:

Employed at: _____

Date of Hire: _____ Department: _____

Position _____

Essay

Write a one-page essay explaining your experiences of service and companionship to special-needs individuals and what these experiences have meant to you, as well as how this scholarship will assist you in the pursuit of your future endeavors.

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 Erika Hirschmann Memorial Scholarship Fund Scholarship 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: _____