



## **APPLICATION INSTRUCTIONS FOR MS Monster Stomp Scholarship Lawrence Community Foundation**

### **Purpose**

The purpose of this fund is to provide a college scholarship to a graduating high school senior of a Mercer or Lawrence county high school who is either living with someone with Multiple Sclerosis or has had exposure to someone with MS.

The MS Monster Stomp Scholarship Committee will consider qualities and attributes such as:

- Leadership/Service
- Financial Need
- Character/Integrity
- School activities
- Noteworthy achievements
- Awards and recognition
- Community and personal activities
- Grade point average

Please include with your scholarship application the following:

- High school records indicating the courses and grades obtained to date, ACT/SAT scores and class rank.
- A personal reference from a teacher, coach or guidance counselor.
- If employed, provide a letter of reference from your employer that describes your present job, performance, attitude, attendance, etc.
- Attach in writing any community groups or activities with which you are involved.
- Please also include an essay addressing “How has MS impacted/affected your life and why do you feel that you should be a recipient of this scholarship?”

The Selection Committee that will determine scholarship recipients 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 graduating high school senior of a Mercer or Lawrence county high school who is either living with someone with Multiple Sclerosis or has had exposure to someone with MS. Recipients must plan to pursue a bachelor’s degree from an accredited college or university. Successful candidates must demonstrate personal growth through his or her experience along with the ability to manage multiple commitments.

## **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 applicants or his or her political or economic views. The Committee shall place no restriction upon a candidate's choice of 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 directly to the institution. This grant covers tuition, fees or books for the applicable semester/quarter.

*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 the "Request for Scholarship" application forms available from the 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  
MS Monster Stomp 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's selection for the scholarship will be announced at the senior awards ceremony. The applicant will receive a letter of instruction at that time outlining the next steps in the process.

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

**The Community Foundation**  
The MS Monster Stomp Scholarship  
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 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 \_\_\_\_\_

**Family Income:**

Parent(s) \$ \_\_\_\_\_ (List earned income provided from income tax return)

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:**

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 *MS Monster Stomp 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: \_\_\_\_\_