



## APPLICATION INSTRUCTIONS FOR The Brandee Simpson Memorial Scholarship Fund Shenango Valley Foundation

### Purpose

The purpose of this charitable fund is to provide a scholarship to a Sharon High School senior who will major in English, Writing, Foreign Languages or Law. The applicants should possess academic excellence and church involvement and affiliation.

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

- Grade point average
- ACT/SAT scores
- School activities
- Noteworthy achievements
- Awards and recognition
- Work history
- Class rank or percentile ranking
- 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 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 Sharon High School senior eligible for admission to attend a college or university who will major in English, Writing, Foreign Languages or Law.

### **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.

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.

### **Application**

Each applicant will complete a "Request for Scholarship" application form available from the high school guidance office.

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:  
Shenango Valley Foundation  
c/o Simpson 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.

**Brandee Simpson Memorial Scholarship Fund**  
**REQUEST FOR SCHOLARSHIP**  
**APPLICATION FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Birthday \_\_\_\_\_ Sex 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 commute or reside on campus? \_\_\_\_\_

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 \_\_\_\_\_

**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 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 **BRANDEE SIMPSON 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.

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Applicant Signature

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Date