



APPLICATION INSTRUCTIONS FOR THE SOTUS FOUNDATION SCHOLARSHIP Lawrence Community Foundation

Purpose

The purpose of this charitable foundation is to honor the wishes of Mary Ellen Sotus by providing scholarship aid for economically disadvantaged women to help them achieve financial independence by full-time undergraduate education or job training, either for job advancement, for a new career, or to enter or reenter the job market.

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

- Life experience
- Desire to pursue positive educational goals
- Financial need
- Community and personal activities

All applicants should: Attach in writing an *essay* describing your career goals, life experience and why you feel that you should be a recipient of this scholarship.

If you are employed, you should have your present employer give you a letter of reference that describes your present job, performance, attitude, attendance, etc.

If you are applying for this scholarship and you are currently in high school: 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.

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 Lawrence County economically disadvantaged women looking to achieve financial independence by full-time undergraduate education or job training, either for job advancement, for a new career, or to enter or reenter the job market.

Terms of Scholarship

The amount of the scholarship and the length of the scholarship shall be determined by the Sotus Scholarship Committee. The selection of students to receive scholarship grants shall be restricted to female applicants, which the Committee will choose without regard to the race or religion of the applicant or their political or economic views. The Committee shall place no restriction upon a candidate's choice of college, university or other school (trade school, other professional training program).

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. This grant covers tuition, fees and books or other related expenses determined by the committee and need of the students that would be for the applicable Fall or Spring semester or the pertinent training period. Applicants are encouraged to inform the Scholarship Committee of all financial barriers to attending educational programs, as other expenses may also qualify for scholarship support such as transportation to the training program, uniforms or other required costs.

Application

Each applicant will complete a "Request for Scholarship" application form available from the guidance or financial aid office or from the Foundation website, www.lc-foundation.org.

1. Make and keep copies for your records of all forms that you send to us.
2. The application can be filed any time during the year and should include a copy of the most recent income tax return. (For self and/or parents, whichever is applicable)

3. Return Scholarship Application to:

Lawrence Community Foundation
C/o Sotus Scholarship
33 Chestnut Street
Sharon, PA 16146

4. Once the application is submitted it will be considered at a regular meeting of the Scholarship Committee.

5. The Committee will then notify the applicant if her scholarship request has been approved and to expect a grant from the scholarship to be forwarded based on the Scholarship committee disbursement policy.

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

The Sotus Foundation
REQUEST FOR SCHOLARSHIP
APPLICATION FORM

Name _____

Address _____

City, State, Zip _____

Telephone _____ Social Security Number _____

Birth Date _____ Email Address _____

High School Attended _____ Date Graduated _____

Employed by _____ How Long? _____

Date of Hire: _____ Department: _____

Position _____

Marital Status: () Married () Separated () Divorced () Widowed () Single

Number of Children _____ Ages _____

EDUCATIONAL PLANS:

List in order of personal preference those colleges to which you will apply or are enrolled and indicate tuition, fees, and room and board for each. If planning to attend a trade school or other professional training program, list related costs of specific program.

School	Tuition	Room & Board	Books	Total
1.				

2.

Academic program in which you are enrolled: _____

Intended Profession: _____

College/Training Location: _____ Current Semester: _____

What year do you anticipate to graduate? _____

Other anticipated costs associated with education goals: (i.e. childcare, uniforms, additional expenses, etc.)
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ASSOCIATIONS/ACTIVITIES

Please list any associations, clubs, organizations or activities in which you participate or are a member. Indicate any position(s) of leadership held.

- 1.
- 2.
- 3.

OTHER

Are you receiving any other financial assistance for your education? _____

If yes, how? _____

Income: Please attach to your application a copy of the most recently filed Income tax Return. If you are a dependent, please provide a copy of your parent's income tax return.

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 Sotus Foundation 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