



## **APPLICATION INSTRUCTIONS FOR The Sgt. David “Walleye” W. Wallace III Memorial Scholarship Fund Shenango Valley Foundation**

### **Purpose**

The purpose of this memorial scholarship fund is to provide a \$500 scholarship to a graduating senior of Sharpsville High School who plans to pursue a degree from a college, university, trade school or military academy.

The Wallace Memorial Scholarship Committee will give consideration to the following criteria, which are listed in no particular order:

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

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.

The Selection Committee that will select the scholarship recipient 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 senior student of Sharpsville High School who plans to pursue a degree from a college, university, trade school or military academy.

## **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 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 form 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  
c/o Wallace 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 Sgt. David "Walleye" W. Wallace III Memorial Scholarship Fund  
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, universities, tech school or military academy to which you will apply.

College/University/Tech School/Military Academy

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 \_\_\_\_\_

**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 Sgt. David "Walleeye" W. Wallace III 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.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_