

APPLICANT DATA

APPLICANT # _____



TO THE APPLICANT:

The "Awards Policy" of the Spring Grove Area Scholarship Fund, Inc., stipulates that awards of the organization will be open to any **graduating student senior** of the Spring Grove Area High School or other educational program where the Spring Grove Area Board of School Directors has oversight and has sanctioned district student participation, regardless of the type of postsecondary education program they will attend. Students of the following educational programs fit into this category:

- a. Senior students attending Spring Grove Area High School on target for graduation.
- b. Senior students attending York County School of Technology who are SGASD residents on target for graduation.
- c. Senior students attending York Adams Academy who are SGASD residents, on target for graduation.
- d. Senior students who are assigned by SGASD to an LIU #12 class as the location for receipt of their educational program, and who are on target for graduation.
- e. Senior students who are assigned by SGASD to an Alternative Education Program as the location for receipt of their educational program and who are on target for graduation.
- f. Senior home-educated students registered with SGASD who have met Pennsylvania requirements for annual home education evaluation and are on target for graduation.
- g. Senior students who are attending Lincoln Edge Cyber Academy (LIU/SGASD joint program).
- h. **THIS DOES NOT INCLUDE SGASD RESIDENT STUDENTS ATTENDING PRIVATE SCHOOL**

This application is to be completed in its entirety so the Awards Committee can determine your eligibility for receiving funds, which have been set aside to help those students who plan to go on to postsecondary education and who satisfy other criteria developed by the Spring Grove Area Scholarship Fund.

Complete ALL sections of this application at your earliest convenience; then forward the application to the person you have selected to complete the appraisal (page 4). You are encouraged to select a school or college counselor or teacher. If this procedure is inappropriate, you may select an employer, member of the clergy, a job supervisor, or any other person who is in a position to evaluate you according to the criteria given.

If any questions are not applicable to your current situation, please attach an explanatory note referring to the questions by section. If more space is required for information on any items, you may attach additional information. Please indicate appropriate sections.

You are responsible for seeing that all referenced documents are included. Spring Grove Area Scholarship Fund reserves the right to process only those applications found to be complete as of the application deadline.

REMEMBER: This application becomes valid when received by the application deadline of 3:00 PM on Friday, MARCH 2, 2018.

PLEASE PRINT OR TYPE

Application Updated January 2018

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MR. _____ MS. _____
LAST NAME, FIRST NAME MI. SOCIAL SECURITY #

ADDRESS STREET CITY, STATE ZIP CODE

DATE OF BIRTH PHONE NUMBER EMAIL ADDRESS

NAMES OF PARENTS/GUARDIANS RESIDING WITH APPLICANT

EMAIL ADDRESS OF PARENT/GUARDIAN

Certification and Permission to use "Recipient Information"

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

I agree that if I am offered and accept an award from Spring Grove Area Scholarship Fund, or a named scholarship funded through Spring Grove Area Scholarship Fund, they may use my name, photograph or likeness, the name of my community, the name and address of my school, the amount of the award, and the name of the postsecondary institution I will attend in press releases, public announcements, and other fundraising or promotional materials through all media sources (including the Internet), to advance the non-profit objectives of "The Fund."

Applicant's Signature _____

School Attending _____ Date _____

Please indicate if you and/or your parent/s (with which you reside) are an

Adams Electric customer: Yes _____ No _____

Parent's Signature (*if student is less than 18 years old*) _____

Date _____

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DEMOGRAPHIC DATA

Gender: Male Female **If you or your Parent/Guardian are an Adams Electric customer, check here**

Please Check All that Apply:

- African American/Black Asian/Pacific Islander Hispanic/Latino
 American Indian/Alaska Native White/Caucasian Other _____

SCHOOL DATA

Elementary School Attended _____

High School Attended _____ Anticipated Year of Graduation: _____

High School Address _____

Name of High School Principal _____

Name of postsecondary school for which scholarship is requested: _____

Address of School: _____

- 4-year College/University Vocational-Technical
 Community College Other _____

Is the School Accredited? Yes No

*Intended **MAJOR** field of study you plan to pursue: _____

(*Indicating UNDECIDED for major field of student may disqualify applicant from some named scholarships)

MINOR field of study: _____

How many years are you planning to attend school: _____

How are you planning to be enrolled: half-time or less half-time or more full-time

Are you planning, during school, to:

- Live on campus Live off campus Commute

Anticipated date of graduation from postsecondary program: _____
(month) (year)

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OTHER AWARDS

Please list below the names and amounts of any grants or scholarships that you have already been awarded for the coming school year.

Name of Award	Amount	Granted	Pending

PT. I – PERSONAL DATA – INVOLVEMENT in SCHOOL ACTIVITIES / LEADERSHIP ROLES

List all **school activities** in which you have participated during the **past 4 years** (e.g., student government, music, sports, etc.). Indicate all special awards and honors. It is VERY IMPORTANT that this information be accurate for equitable calculation by the Awards Committee.

Questionable data will be disqualified.

School Related Activity	No. of Years Participating	Special Awards, Honors, Offices Held

CHECK IF YOU WERE A MEMBER PARTICIPANT OF THE **SPRING GROVE JETS PROGRAM**

CHECK IF YOU WERE A PARTICIPANT OF THE **SPRING GROVE YOUTH BASKETBALL PROGRAM**

- IF YES, HOW MANY YEARS WERE YOU A PARTICIPANT OF THE SGYBA PROGRAM? _____
- IF YES, WERE YOU A MENTOR IN THE PROGRAM? _____ HOW MANY YEARS? _____

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PT. II – PERSONAL DATA – COMMUNITY SERVICE / LEADERSHIP ROLES & EXPERIENCE

List all **community service activities** in which you have participated **without pay** during the **past 4 years** (e.g., Red Cross, church work, volunteer work). Indicate all special awards and honors. It is VERY IMPORTANT that this information be accurate for equitable calculation by the Awards Committee. **Questionable data will be disqualified.**

Community Service Activity	No. of Years Participating	Special Awards, Honors, Offices Held

PT. III – PERSONAL DATA – WORK EXPERIENCE

Describe your work experience during the **past 4 years**. Indicate dates of employment in each job and approximate number of hours worked **each week**. It is VERY IMPORTANT that this information be accurate for equitable calculation by the Awards Committee.

Questionable data will be disqualified.

Employment Position – BE SPECIFIC BY NAMING THE EMPLOYER	Date You Began This Job: (Month and year - - within the past 4 years)	Date You Finished This Job: (Month and year within the past 4 years)	Hours You Worked Per Week

- CHECK IF YOU ARE CURRENTLY EMPLOYED WITH KENNIES MARKETS, INC.
- CHECK IF YOU HAVE A PARENT CURRENTLY EMPLOYED WITH KENNIES MARKETS, INC.

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PT. IV – PERSONAL DATA – Share a statement of your plans as they relate to your educational and career objectives and future goals:

PT. V – PERSONAL DATA – Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities:

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APPLICANT APPRAISAL (REQUIRED)

To be completed by a high school or college counselor or advisor, an instructor, or a supervisor.

You have been asked to provide information in support of this Scholarship Fund application. Please give immediate and serious attention to the following statements, selecting the most appropriate response with a checkmark (✓). When complete, please return to applicant or forward an email letting the applicant know the section is completed.

	Strongly Agree	Agree	Disagree	Strongly Disagree
The applicant's choice of a postsecondary education program is excellent.				
The applicant's achievements reflect his/her ability extremely well.				
The applicant's ability to set realistic and attainable goals is excellent.				
The quality of the applicant's commitment to school and community is excellent.				
The applicant is able to seek, find and use learning resources extremely well.				
The applicant demonstrates curiosity and initiative extremely well.				
The applicant demonstrates good problem-solving skills, follow through, and task completion.				
The applicant demonstrates high regard and respect for him/herself and others.				

ADDITIONAL COMMENTS (Do NOT name the student)

Appraiser's Signature _____ Title _____ Date _____

Appraiser's Business Address _____ Phone _____

TRANSCRIPT and CLASS RANKING INFORMATION BELOW THIS LINE

TO BE COMPLETED BY STUDENT, SCHOOL OFFICIAL and/or AWARDS COMMITTEE CHAIR

Weighted GPA _____ / 100% Cumulative _____ GPA / 4.0 scale Class Rank _____ / _____

SAT Critical Reading / Writing _____ Math _____ ACT Composite _____

School Official's Signature _____ Title _____ Date _____

APPLICATION CHECKLIST

Application information for consideration of a 2018 Spring Grove Area Scholarship Fund Scholarship will be considered **ONLY WHEN** you have completed ALL sections of this application and secured ALL necessary signatures. Your application and materials **MUST** be received in the Guidance Office of the Spring Grove Area High School **NO LATER THAN 3:00 PM on MARCH 2, 2018.**

SPRING GROVE AREA SCHOLARSHIP FUND, INC.

INSTRUCTIONS FOR COMPLETING THE FINANCIAL ASSISTANCE QUESTIONNAIRE for the 2018-2019 SCHOOL YEAR

- A. **APPLICANT INFORMATION:** The scholarship applicant's name should appear on the first line on the FAQ; however, the parents of the applicant must complete the questionnaire. An exception is if the applicant is legally classified as an independent student. The independent student must supply his/her financial information.
- B. **CERTIFICATION AND SIGNATURES:** Both the student and the parent completing the FAQ must sign this form. Parent's signature is not required for an independent student. Please read the certification.
- C. **PARENTS' INCOME, EXPENSE AND ASSET DATA:** Information on this form must be from the parents' completed tax return or based on estimated information to be filed by April 15, 2018. Be sure to check the appropriate box.
1. **Adjusted gross income** can be found on IRS FORM 1040 and is gross income reduced by specific adjustments allowed by law.
 2. **Total federal tax paid** includes the total amount of federal income tax to be paid as reported on IRS FORM 1040. This is not the amount withheld from employee paychecks. (The amount withheld should be adjusted by any refund or additional taxes due.) Do not report state income tax.
 3. **Total income** earned should be reported individually for both parents. If the student resides with only one parent, CSFA prefers to receive financial information from both natural parents, when possible. Financial information must be received from the parent who claims the child as a dependent for tax purposes. If a parent has remarried, the spouse's information is required if the spouse is a legal guardian of the student, or claims the student as a dependent, or the student is included in the spouse's benefit plan. If necessary, two Financial Data sections may be submitted by the student. A copy of the Financial Data section may be made in order for one to be completed by each parent.
 4. **Untaxed income and benefits** include any other income or benefits not included in the adjusted gross income figure. Do not include untaxed contributions to retirement plans.
 5. **Medical and dental expenses** include only those expenses not paid by insurance. Do not include premium payments.
 6. **Total cash, checking, savings, cash value of stocks, etc.** include liquid assets that can be used for educational expenses. IRA, 401K, or other retirement plan funds are not included.
 7. **Total number of family members** living in the household and primarily supported by the above income includes dependent college students living away from home.
- D. **ADDITIONAL INFORMATION:** Be sure to check the appropriate box giving the current marital status of the persons for whom financial information is being submitted.

Include the total number of all family members attending post-secondary school at least halftime. (Post-secondary school includes any two-or four-year college or vocational school.) **Be sure to include the applicant in this number.**

E. PLEASE REMEMBER TO INCLUDE THE FAFSA EFC (Expected Family Contribution) NUMBER.

F. Place the completed Financial Assistance Questionnaire in a sealed envelope and return with the SGASF scholarship application.

IMPORTANT NOTE: If a Financial Assistance Questionnaire is not submitted with the scholarship application, the amount of any award will be determined on the basis of ZERO financial need.