



Richard W. and Dolores D. Adams Scholarship Application

Established 2001

According to the wishes of Mr. Richard W. Adams, scholarship awards to eligible students will be made in the amount of \$250 or more, as fund earnings warrant, to successful applicants whose family income falls within the guidelines established annually by the Federal government and are planning on continuing their education.

A Selection Committee that includes the principal and a guidance counselor of Pine Grove Area School District and David J. Rossi, Esq. will determine the number of recipients and the amount of the awards annually. The Selection Committee will forward their recommendations to Schuylkill Area Community Foundation, 216 South Centre Street, Pottsville, PA along with completed copies of this application for each recommended recipient, no later than May 1st of each year.

Students will be notified if they are awarded the scholarship. After successful completion of the recipients first semester and the return of the Student Release Form, the award check will be mailed directly to the college.

Criteria:

- Graduating high school senior of Pine Grove Area High School
- Plans to attend a college, university or trade school
- Financial need based on the gross family income eligibility guidelines as established annually by the Federal government
- Preference given to applicants whose family income falls within 125% of the guidelines with secondary consideration given to family incomes within the 250% maximums

All applications must be returned to the Guidance Office at the address listed below by April 1st.

Please be aware that there cannot be any exceptions to established deadlines.

**Pine Grove Area High School
101 School Street
Pine Grove, PA 17963
(570) 345-2731**

Richard W. and Dolores D. Adams Scholarship Application

Applicant Data

Name: Last:	First:	Middle Initial:
Address: Street:		Apartment:
City:	State:	Zip:
Phone: ()	E-mail:	
Social Security Number (for purposes of PHEAA Path Program):		

Parent Information

Father's Name:	Occupation:
Address:	
Mother's Name:	Occupation:
Address:	

High School Data

Applicants must have the following completed by a school official.

Applicant ranked	in a class of	at end of junior year.
Cumulative G.P.A. at completion of first semester, senior year:		
School Official's Signature:	Date:	
Title:		
School Address:		
City:	State:	Zip:

Activities, Awards and Honors

List all school activities in which you have participated during the past four years (e.g., student government, music, sports, etc.). Indicate all special awards, honors and offices held. Use an additional sheet, if necessary.

Activity	No. of Years Participated	Offices Held	Special Awards, Honors

Work Experience

List your work experience during the past four years. Use an additional sheet, if necessary.

Company	Position	Dates		Hrs./Week	Amount Earned/Week
		From – Mo/Yr	To – Mo/Yr		

Financial Information

a. Total cost of college tuition per year	\$
b. Total income listed on most recent W-2 forms for your parents (combined)	\$
c. Total income listed on most recent W-2 forms for yourself	\$
d. Other available sources of aid	\$

Note: Please be prepared to provide verification of income, if requested.

e. Total number of people in household	
f. Total number of family members attending college during the next school year, including applicant	

Post-Secondary School Data

Name of the post-secondary school for which financial aid is requested. If unknown, please list in order of preference where applications have been sent.

School: _____ City: _____ State: _____

School: _____ City: _____ State: _____

Check One: Four-year College or University Trade/Technical School Other

Major or course of study: _____

Unusual Circumstances

Please report any family, personal or financial circumstances which you think warrant consideration; e.g., financial hardship, disabilities, family separation, unusual family responsibilities.

Certification

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.

Applicant's Signature: _____ **Date:** _____

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Applications and recommendation for scholarships **must be submitted by the Pine Grove Area High School Guidance Department** to Schuylkill Area Community Foundation, 216 South Centre Street, Pottsville, PA, 17901 (Phone number 570-624-7223) by May 1st.