



Dorothy and Edward Clevestine Scholarship Application

Established 2001

According to the wishes of Mrs. Dorothy Clevestine, scholarships shall be awarded annually to members of the graduating class of Mount Carmel Area High School who are planning to attend a college or university to pursue a bachelor's degree.

Students will be selected on the basis of having achieved a 3.0 grade point average and a minimum 1000 point SAT score. Preference should be given to those students residing in the Mount Carmel borough. Students shall demonstrate financial need, commitment to the community through service outside the classroom environment, display leadership qualities, and involvement with church activities.

This scholarship shall be paid directly to the college after the recipient has completed his/her first semester. Each recipient must complete a Student Release Form at the completion of their first semester. The scholarship shall be forfeited if the student fails to return the form and/or is no longer pursuing their education.

Criteria:

- Graduating high school senior of Mount Carmel Area High School
- Achieved a 3.0 grade point average
- Obtain a minimum 1000 point SAT score
- Plans to attend a college or university to pursue a bachelor's degree
- Displays leadership qualities
- Commitment to community service
- Involvement with church activities
- Demonstrates financial need

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

Please be aware that exceptions may not be made to the established deadlines.

**Mount Carmel Area High School
600 West Fifth Street
Mount Carmel, PA 17851
(570) 339-1500**

Dorothy and Edward Clevestine 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):		

(Schuylkill Area Community Foundation serves as the PATH partner for students. Students who are recipients of one of our scholarships may be eligible to receive this additional aid. SACF submits the required student information to PHEAA. Students who are enrolled in a PHEAA approved Pennsylvania school, are state grant recipients, have a Federal Student Loan, and demonstrate financial need may qualify for a PATH Grant.)

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:		
SAT Scores: (CR) Critical Reading	(M) Math	(W) Essay
School Official's Signature:	Date:	
Title:		

Community and Church Activities

Please list in order of importance to you the community and church activities in which you have participated. Include any awards or honors you have received for individual achievement.

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

Essay Question

Submit a one page, typewritten, double-spaced essay which conveys your leadership experience in the community. Please be sure to include your name on top of the essay.

Financial Information

a. Anticipated annual tuition	\$
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	\$

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: _____

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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