



James D. Collins Memorial Scholarship Application

Established 2005

According to the wishes of Ms. Patricia Collins, scholarship awards to eligible students will be made annually to students who are graduates of the Tamaqua Area School District and the Mahanoy Area School District and are planning on attending an accredited college or university, non-profit technical or vocational school. The sole eligibility criteria for receiving a scholarship award shall be the student's financial needs based on the gross family income.

This Scholarship shall be paid in two parts if the recipient is pursuing a two year program, in three parts if the recipient is pursuing a three year program and in four parts if the recipient is pursuing a four year program, and each year one part shall be paid directly to the college prior to his/her beginning the school year. This payment may be used for tuition, books or supplies. Each student must complete a Student Release Form annually. If the student fails to return the Student Release Form, or is no longer pursuing his/her education, the scholarship shall be forfeited.

Criteria:

- Graduating high school senior of Tamaqua Area High School
- Plans to attend a college, university or trade school
- Financial need based on the gross family income

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.

**Tamaqua Area Senior High School
P.O. Box 90, Stadium Hill
Tamaqua, PA 18252
(570) 668-0155**

James D. Collins Memorial 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: | | |
| SAT Scores: (CR) Critical Reading | (M) Math | (W) Essay |
| 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 | \$ |

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 program Three-year program Two-year program

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 Tamaqua 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.