



Mahanoy City Visiting Nurse Association Scholarship Application

Established 2017

The earnings of this Scholarship Fund shall be awarded annually to graduating seniors of Mahanoy Area High School who plan to attend an accredited institution of higher education in the medical field with preference given to students enrolled in a nursing program. The recommendation of the student, or students, to receive the scholarship awards shall be determined by a committee consisting of the Mahanoy Area High School Principal, and a teacher and a guidance counselor selected by the Principal, but the Board of Directors of Schuylkill Area Community Foundation shall have the sole power and authority to make the final decision.

Criteria:

- Graduating high school senior of Mahanoy Area High School
- Plans to attend an accredited institution of higher education in the medical field
- Preference shall be given to students enrolled in a nursing program

**All applications must be returned to the Guidance Office at the address listed below by
May 11th**

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

**Mahanoy Area High School
One Golden Bear Drive
Mahanoy City, PA 17948
(570) 773-3443**

Mahanoy City Visiting Nurse Association 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): _____

High School Data

Name of high school from which you will graduate: _____

Year of high school graduation: _____

Current G.P.A.: _____

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: _____

School Activities

List all school activities you have participated in:

School Activity	No. of Years Participated	Offices Held	Awards and Recognition

Community Programs

List community programs or activities outside of school that you have participated in:

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Educational Goals

Statement of your educational goals:

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 award granted.

Applicant's Signature:

Date:

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