



SCHUYLKILL ELDER ABUSE PREVENTION ALLIANCE (SEAPA)

Scholarship Application Cover Sheet

In 2004 a small cadre of concerned Schuylkill County citizens established the Schuylkill County Elder Abuse Task Force. The organization grew to become the Schuylkill Elder Abuse Prevention Alliance (SEAPA) in 2007, comprising of a group of people with an interest in protecting the seniors of Schuylkill County from elder abuse.

From its beginning SEAPA has pursued several objectives:

- promote awareness of elder abuse in Schuylkill County;
- provide education and training to groups on how to identify, prevent and report elder abuse; and
- work with law enforcement to prosecute perpetrators of crimes against the elderly.

SEAPA remains ever vigilant in promoting awareness and informing county residents and elder services providers about elder abuse. They also work to ensure that crimes against the elderly are prosecuted to the fullest extent of the law. To further their reach, SEAPA has created a scholarship to be awarded annually to individuals who enroll in higher learning courses to assist with the prevention and recognition of elder abuse.

Criteria:

- Graduate of a Schuylkill County high school or individual who lives or works in Schuylkill County
- Enrolled in post-secondary educational program, course, or course of study which focuses on the physical, psychological or financial protection and wellbeing of the elderly

Personal information will remain anonymous and will not be reviewed by the scholarship selection committee in determining scholarship qualifiers.

Recipients will be notified in June.

Schuylkill Area Community Foundation
216 S. Centre St.
Pottsville, PA 17901
(570) 624-7223
www.sacfoundation.com

SCHUYLKILL ELDER ABUSE PREVENTION ALLIANCE (SEAPA)

Scholarship Application Checklist

How to Apply:

Checklist

- Only list your name on the Personal Information page of the application.
- Complete application.
- Type essay (follow instructions on essay page).
- Do not staple.
- Do not send transcripts, acceptance letters or any other materials not requested.
- Remove cover sheet and checklist and keep for your records.
- Mail completed application and essay by April 1.
- Mail to: Schuylkill Area Community Foundation
Attn: SEAPA Scholarship
216 South Centre Street
Pottsville, PA 17901
(570) 624-7223
- Date mailed: _____

Please be aware that exceptions will not be made to the established deadline.

**SCHUYLKILL ELDER ABUSE PREVENTION ALLIANCE
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Scholarship Application
(Please Print)

Personal Information:

Name: _____

Address: _____

Social Security # (for purposes of PHEAA PATH Program): _____

(Schuylkill Area Community Foundation serves as the PATH partner for students from Schuylkill County. Students throughout the County 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.)

Home Phone: _____ Cell Phone: _____

E-mail: _____

Alternate Contact (e.g., Parent/Spouse): _____

Alternate Contact Phone: _____

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 forfeiture of any scholarship granted.

Applicant's Signature: _____ Date: _____

THE INFORMATION ON THIS PAGE IS FOR REFERENCE ONLY.

PERSONAL INFORMATION WILL REMAIN ANONYMOUS AND WILL NOT BE REVIEWED BY THE SCHOLARSHIP SELECTION COMMITTEE IN DETERMINING SCHOLARSHIP QUALIFIERS.

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Scholarship Application (Please Print)

Section 1 - Educational Information:

High school attending or attended: _____

Date of high school graduation: Month: _____ Year: _____

Cummulative GPA: _____ as of _____ (Date). Class Rank _____ / _____

Please list any colleges, universities or technical schools you have attended, date attended, course work, and degrees/certificates received:

Name of School	Course Work	Date Attended	Degree/Certificate

Institution of Higher Education you plan to attend:

- ____ 2 Year college/university Name: _____
- ____ 4 Year college/university Name: _____
- ____ Community college Name: _____
- ____ Technical school Name: _____
- ____ Other Name: _____

Have you already applied to the above school(s)? Yes No
If yes, have you been accepted? Yes No

Intended major course of study: _____

Intended minor/concentration (if applicable): _____

Anticipated date of graduation from institution of higher education or course completion date:

Month: _____ Year: _____

Educational Goals:

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Section 2 - School & Community Activities:

Please list your high school activities in order of importance to you.

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

Please list your college activities (if applicable) in order of importance to you.

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

List community programs or activities you have participated in:

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Section 3 - Work Experience:

List your work experience beginning with your most recent position.

Employer	Position	Dates of Employment

Section 4 - Essay Question:

On a separate sheet of paper please respond to the essay question listed below in 250 words or less. Do not list your name, or include your name, in any part of the essay. Response must be typewritten and double-spaced.

Why are you passionate about working with the elderly?