



Chester P. Steininger Memorial Scholarship (Medical) Application

Established 2001

According to the wishes of Mr. Chester P. Steininger, Pottsville, Pennsylvania, the Chester P. Steininger Memorial Fund (Medical) shall provide scholarships for “persons, without distinction as to race, color, creed, sex, age or ethnic background, who are graduates of any high school located in Schuylkill County, Pennsylvania, either public or parochial, who were residents of Schuylkill County, Pennsylvania, at the time of their high school graduation, and who are attending or about to attend an accredited medical school located in the United States of America and who either are specializing in or are planning to specialize in the field of Oncology.”

Students will be notified if they are awarded the scholarship. A check will be mailed directly to the college

Criteria:

- Graduate of any high school in Schuylkill County
- Attending or about to attend an accredited medical school located in the United States
- Preference shall be given to students who plan to specialize in the field of Oncology

**All applications must be mailed to the address listed below by April 1st.
Please be aware that there cannot be any exceptions to established deadlines.**

**Schuylkill Area Community Foundation
216 South Centre Street
Pottsville, PA 17901
(570) 624-7223**

Chester P. Steininger Memorial Scholarship (Medical) Application

Applicant Data

Name: Last:	First:	Middle Initial:
Maiden Name (if applicable):		
Address: Street:	Apartment:	
City:	State:	Zip:
Phone: ()	E-mail:	

High School / College Data

Name of high school from which you graduated:	Graduation Date: Year:
Name of college:	Graduation Date: Year:
Major in college:	

Medical School Data

Name of the medical school for which financial aid is requested. Attach a copy of the acceptance letter.

School:	City:	State:
Check One: Upcoming year in medical school: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Specialized Field (if any):		
Anticipated date of medical school graduation (month/year):		
Check One: I will live: <input type="checkbox"/> on campus <input type="checkbox"/> off campus <input type="checkbox"/> home w/ parents <input type="checkbox"/> w/ spouse		
Medical School Tuition per Semester:		

Transcript Information

1. Please provide a copy of your most recent college, university or medical school transcript, whichever applies.
2. Cumulative G.P.A. at completion of most recent semester:

Other Financial Awards

Please list the name and amount of any grants, awards, scholarships or loans that you have been awarded for the coming school year. Use an additional sheet, if necessary. Your name must be included on any additional sheets.

Name of Award	Amount	Pending	Date Granted

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. Attach additional pages, if needed.

Work Experience

List your work experience and any volunteer work.

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.

Aspirations and Goals

Please include a one page, double-spaced, typewritten statement highlighting your aspirations and goals.

Letters of Recommendation

Please include two (2) letters of recommendation.

Are you a prior recipient of this scholarship? Yes No If yes, list the year(s) and amount(s) received:

Year	Amount

Application Checklist

This application for a scholarship becomes complete and valid only when you have returned:

1. Completed application
2. Medical school acceptance letter
3. Current transcript of grades
4. Statement of aspirations and goals
5. Two letters of recommendation

Certification

I certify that the information provided in this application 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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