

DUAL ENROLLMENT INCOME-BASED SCHOLARSHIP APPLICATION FORM—WARREN COUNTY STUDENTS

Academic Year: _____ (must file each year) For the Applicant: Fill this form in completely and return it to: Community Foundation of Warren County Phone: 814-726-9553 Mr. John Lasher, Executive Director Email: cfwc@westpa.net P O Box 691 Warren, PA 16365 Web Address: cfowc.org Date received by CFWC *Please print or type:* Student Name_____ First Last Middle Social Security No. ____ Home Address City Number & Street Telephone E-mail (Area Code) Number Date of Birth Gender: Male Female Father's Name Occupation Employer Mother's Name Occupation _____ **Employer** Parent's Residence Own Rent **Buying** Number of Brothers/Sisters ___ / ___ Number of children in college Fall Semester ____ Spring Semester ____ (Please count yourself as in college if you are in the Dual Enrollment Program) Number Self-supporting children in family Totally Partially ____

Your High School Year of Graduation

	High S	School Course of S	Study		Class Rank	/_						
	Schola	Scholastic Honors (National Honor Society, National Merit, etc.)										
	Extra-	Extra-curricular Activities. Include membership in school organizations and offices held. Work Experience										
	Work											
	Checl	k high school statu	us in Fall Semester:	Sophomore	Junior	Senio	or					
 Juniors and Seniors attending any high school in Warren County or being home-s in Warren County, PA. (In rare cases, sophomores may be eligible also). Scholarships will be awarded on a "per credit hour" basis with a maximum limit credit hours per student. These scholarships are awarded on the basis of need or extenuating circumstance Parents' adjusted gross income may not exceed \$75,000 with one family member school, \$90,000 with 2 family members in school, or \$100,000 with 3 or more famembers in school. [qw'y kn't gegkxg"c "rgwgt "qp" [qwt "qwcrlwej qrct uj kr "r cenci g"cae o qpyj "dglqt g"gcej "ugo gwgt "wct w0" Cn'lej gemu"y kn'dg"o ckrgf "q' W0Dqpcxgpwt g"cyggml'chgt "gcej "ugo gwgt "wct w0" Vj cv'ku"y j gp" [qw'y kn't gegkxg" [qwt "dkn't qo St. B" You need a letter of recommendation from your principal, guidance counselor, cohome school instructor and any of the two of the four bullets below: 							of 59 es. e in e mily elqw'c" edqw'c Bonavent					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	""* High School G	PA of 84 or higher.			Yes	No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		* A score of 1,00	00 or higher on the PS.	AT/SAT, if you hav	e taken it;	Yes '"""	"""""No					
••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	* A score of 27 o	or higher on the PACT	/ACT, if you have t	aken it;'"""""""""""	'''Yes	No					
"	***************************************		or standing and a rank ass (home School stude		oj you	""Yes '"""	""""No					
111111	""""""SCH	IOLARSHIP (COMMITTEE:									
!""""""		sory Committee a	will consist of two mend the Director of Sec									
******	""""DE		Fall Semester: Spring Semester:	May 31 of curren November 30 (on								

STUDENT'S CHECK LIST TO COMPLETE THIS APPLICATION: Write a brief statement explaining why you wish to pursue the Dual Enrollment Program and attach it to this form. Enclose, or have mailed to the committee, a comprehensive letter of recommendation covering character, personality, purposefulness and general worthiness of the applicant from school authorities or other responsible persons not related to the applicant. Enclose a letter from a parent or other person having knowledge of the facts, describing the family situation and the applicant's need for financial assistance. Enclose your high school academic transcript signed by the proper school authority. Enclose a copy (or copies, if filed separately) of your parent's most recent Federal Income Tax Return(s). If only one parent is responsible for your support, a declaration of nonsupport from the other parent must also be included. TOTAL SOURCES OF INCOME: Student's estimated gross income this calendar year Parents' estimated gross income this calendar year ESTIMATED NUMBER OF CREDIT HOURS FOR 1st AND 2nd Semester _____ Financial information and grades are necessary for the scholarship committee to have sufficient information to select the deserving recipient of this award. No consideration will be given without necessary tax return(s) and your academic transcript. PLEASE READ CAREFULLY BEFORE SIGNING All of the information on this application is true and complete to the best of my knowledge. If asked by a committee member, I agree to give proof of the information that I have given on this form. I realize that this proof includes a copy of my last year's federal income tax return. I also realize that if proof is not given upon request, no aid may be expected. If I withdraw from the dual enrollment program, I agree to authorize St. Bonaventure University to reimburse to the Community Foundation of Warren County the full amount of the Dual Enrollment Scholarship I receive in the current school year. Student's Signature Date Completed Father's Signature (if applicable) Mother's Signature (if applicable) Mother's Telephone (if different) Father's Telephone

St. Bonaventure University

Father's E-mail

Mother's E-mail (if different)



2019-2020 Dual Enrollment Scholarships Available

Level #1 Scholarships for ALL STUDENTS (no scholarship application necessary)

Cost/Credit Hr. \$1,021 SBU Tuition

Less \$459 SBU Warren County Scholarship (All students receive)

Less \$\frac{\\$100}{\\$162}\$ CFWC Scholarship (All students receive)

Net \$\frac{\\$462}{\\$462}\$ Highest cost per credit hour for any student

Community Foundation of Warren County (CFWC) requests that each family fill out and return a scholarship application form provided by our office or found on the Warren County School District website if the student is interested in additional scholarship opportunities. The CFWC administers all three levels of scholarships below. All students must be dependent children within a household located in Warren County, PA.

Level #2 Community Foundation offers additional Income-Based Scholarships

Family Adjusted Gross Income								
1 Child	2 Children	3 or More Children	Scholarship/ Credit Hour					
\$30,000 to \$75,000	\$40,000 to \$90,000	\$50,000 to \$105,000	\$60					
\$20,000 to \$29,999	\$25,000 to \$39,999	\$30,000 to \$49,999	\$90					
Under \$20,000	Under \$25,000	Under \$30,000	\$120					

Level #3 DeFrees Family Memorial Fund offers additional Income-Based Scholarships

Family Adjusted Gross Income								
1 Child	2 Children	3 or More Children	Scholarship					
\$45,000	\$60,000	\$70,000	Varies					

Level #4 Corporations offer scholarships for children of employees

Blair \$50 per credit hour \$1,000 per year at 20 hours Whirley \$20 per credit hour \$400 per year at 20 hours

Community Foundation of Warren County 310 Second Avenue Warren, PA 16365 www.cfowc.org