



# ST. BONAVENTURE UNIVERSITY

Founded 1858

## 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  
Mr. John Lasher, Executive Director  
310 Second Ave., Suite 1  
Warren, PA 16365  
Web Address: [cfowc.org](http://cfowc.org)

Phone: 814-726-9553  
Email: [cfwc@westpa.net](mailto:cfwc@westpa.net)

\_\_\_\_\_  
**Date received by CFWC**

*Please print or type:*

Student Name \_\_\_\_\_  
*Last First Middle*  
Social Security No. \_\_\_\_\_

Home Address \_\_\_\_\_  
*Number & Street City State ip*

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
*(Area Code) Number*

Gender: Male Female Date of Birth \_\_\_\_\_

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 School Course of Study \_\_\_\_\_ Class Rank \_\_\_\_ / \_\_\_\_

Scholastic Honors (National Honor Society, National Merit, etc.)

Extra-curricular Activities. Include membership in school organizations and offices held.

Work Experience

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Check high school status in Fall Semester:      Sophomore      Junior      Senior

**ELIGIBILITY REQUIREMENTS:**

1. Juniors and Seniors attending any high school in Warren County or being home-schooled in Warren County, PA. (In rare cases, sophomores may be eligible also).
2. Scholarships will be awarded on a "per credit hour" basis with a maximum limit of 59 credit hours per student.
3. These scholarships are awarded on the basis of need or extenuating circumstances. Parents' adjusted gross income may not exceed **\$75,000 with one family member in school, \$90,000 with 2 family members in school, or \$100,000 with 3 or more family members in school.** [ qw'y knlt gegkxg'c 'rgwgt "qp" { qwt 'vqwrlluej qrc t uj kr 'r cenci g'cdqw'c" o qpj "dghqt g'gcej 'ugo gwgt 'lact uO' Cnle'j gem'y knldg'o ckgf "vq 'UODqpcxgpwt g'cdqw'c" y ggnlchgt 'gcej 'ugo gwgt 'lact uO' Vj cv'ku'y j gp" { qw'y knlt gegkxg" { qwt "dknlt qo St. Bonaventure.

4. You need a letter of recommendation from your principal, guidance counselor, coach, or home school instructor and **any of the two of the four** bullets below:

- \* High School GPA of 84 or higher.      Yes      No
- \* A score of 1,000 or higher on the PSAT/SAT, if you have taken it;      Yes      No
- \* A score of 27 or higher on the PACT/ACT, if you have taken it;      Yes      No
- \* Junior or senior standing and a ranking in the top 30% of your high school class (home School students certainly eligible).      Yes      No

**SCHOLARSHIP COMMITTEE:**

Scholarship committee will consist of two members of the St. Bonaventure Dual Enrollment Advisory Committee and the Director of Secondary Education from the Warren County School District.

**DEADLINES:**      **Fall Semester:**      **May 31 of current Academic Year**  
**Spring Semester:**      **November 30 (only if you missed Fall)**

**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 non-support 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 1<sup>st</sup> AND 2<sup>nd</sup> Semester \_\_\_\_\_

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***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.***

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**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)*

\_\_\_\_\_  
Father's Telephone

\_\_\_\_\_  
Mother's Telephone *(if different)*

\_\_\_\_\_  
Father's E-mail

\_\_\_\_\_  
Mother's E-mail *(if different)*



# ST. BONAVENTURE

## UNIVERSITY

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### 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	\$100	CFWC Scholarship (All students receive)
<b>Net</b>	<b>\$462</b>	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			
<u>1 Child</u>	<u>2 Children</u>	<u>3 or More Children</u>	<u>Scholarship/ Credit Hour</u>
\$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			
<u>1 Child</u>	<u>2 Children</u>	<u>3 or More Children</u>	<u>Scholarship</u>
\$45,000	\$60,000	\$70,000	Varies

#### Level#4 Corporations offer scholarships for children of employees

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

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