



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

Phone: 814-726-9553
Email: 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

Check high school status in Fall Semester: Sophomore Junior Senior

ELIGIBILITY REQUIREMENTS:

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

- *Sophomore, junior or senior standing and a ranking in the top 30% of your high school class (home school students certainly eligible);*
- *A high school GPA of 84 or higher;*
- *A score of 1,000 or higher on the PSAT/SAT, if you've taken it;*
- *A score of 22 or higher on the PACT/ACT, if you've taken it.*

Scholarships will be awarded on a "per credit hour" basis with a maximum limit of 59 credit hours per student.

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.

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.....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 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)*

Father's Telephone

Mother's Telephone *(if different)*

Father's E-mail

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

Dual Enrollment Scholarships Available 2020-2021

Level #1

Cost/Credit Hr.	\$575	SBU Tuition (nearly 50% discount from regular tuition cost)
Less	\$100	CFWC Scholarship, Level #1 (All students receive)
Net	<u>\$475</u>	Highest cost/credit hour for any student (\$1,425 for a 3-credit course)

Level #2 Community Foundation Scholarships with Income Limitations

Community Foundation requests that each family fill out and return a scholarship application form provided by our office if the student is interested in additional scholarship opportunities.

Family Adjusted Gross Income Limitations—CFOWC Scholarships*			
<u>1 Family Member in School**</u>	<u>2 Family Members in School</u>	<u>3 or More Family Members in School</u>	<u>Scholarship/Credit Hour</u>
\$30,000 to \$75,000	\$40,000 to \$90,000	\$50,000 to \$100,000	\$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 Income-Based Scholarships

Community Foundation has a “Needs Based” Scholarship program funded by DeFrees Family Memorial Fund (DFMF).

Family Adjusted Gross Income Limitations--Needs-Based Private Donors			
<u>1 Child</u>	<u>2 Children</u>	<u>3 or More</u>	<u>Scholarship</u>
Up to \$45,000	Up to \$60,000	Up to \$70,000	Varies

Level #4 Corporate 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

*All scholarships are available only for Warren County, PA students.

** A student in the Dual Enrollment program is considered to be a college student.



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