



81 Glade Drive  
Kittanning, PA 16201  
724-543-2599  
724-545-6127 Fax

## Ralph and Mary Lou McAllister Scholarship

### Application Form

#### For College Students

#### Scholarship Criteria - To be eligible for an award:

- A) The applicant must be or will be enrolled (fall 2018) in an approved institution of higher learning leading to a Bachelor's Degree.
- B) The applicant must live in the Borough of Ford City or at a residence with a Ford City Post Office address.

#### PLEASE PRINT CLEARLY OR TYPE

Student's Full Name: Ms. / Mr. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Major Field of Interest \_\_\_\_\_ Starting Date of College: \_\_\_\_\_

College or University in which you are attending \_\_\_\_\_

Yearly cost of institution you are attending \_\_\_\_\_

How are you currently financing your education? Check the appropriate line.

A. By parents \_\_\_\_\_ B. By Loans \_\_\_\_\_ C. By Earnings \_\_\_\_\_

D. Grants-PHEAA \_\_\_\_\_ PELL \_\_\_\_\_ Scholarship \_\_\_\_\_ E. Work Study \_\_\_\_\_

Please explain if necessary \_\_\_\_\_

Parent's or Guardian's Statement:

#### A. Father or Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Occupation \_\_\_\_\_

#### B. Mother

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Occupation \_\_\_\_\_



81 Glade Drive  
Kittanning, PA 16201  
724-543-2599  
724-545-6127 Fax

## Ralph and Mary Lou McAllister Scholarship

Extra-curricular activities since graduation to present \_\_\_\_\_

Offices or Leadership since graduation to present \_\_\_\_\_

Honors & Awards (state the year and nature of honor or award) \_\_\_\_\_

Community Activities \_\_\_\_\_

Hobbies \_\_\_\_\_

Work Experience (number of years): \_\_\_\_\_

### Essay

**Please attach an essay of 500 words or less in which you describe your most rewarding experience giving to the community and why.**

### Recommendations

Please submit three recommendations from non-relatives-at least one of which is a professor or faculty member, and one from a person familiar with your interest. Give each person you are requesting a recommendation from a stamped envelope addressed to:

Ralph and Mary McAllister Scholarship  
c/o Armstrong Center for Community Learning  
81 Glade Drive, Kittanning, PA 16201

My three recommendations will be requested from:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List below any other factors you consider important in evaluating your scholarship application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



81 Glade Drive  
Kittanning, PA 16201  
724-543-2599  
724-545-6127 Fax

## Ralph and Mary Lou McAllister Scholarship

### Part I Continued:

### **FOR COLLEGE STUDENTS**

**You must submit an official college transcript to be used to evaluate your application.**

Please deliver or mail completed application to:

Armstrong Center for Community Learning  
81 Glade Drive  
Kittanning, PA 16201

**Make sure to include your transcript of grades and essay.**

**Due date: Friday, April 20, 2018**

I declare that the information reported on this form to the best of my knowledge, is true, correct and complete.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_