



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

Ralph and Mary Lou McAllister Scholarship

Application Form

For High School 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 plan to attend _____

Yearly cost of institution you are attending _____

How do you plan to finance 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 _____



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Extra-curricular activities grades 9 – present _____

Offices or Leadership positions grades 9 – 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 teacher or guidance counselor, 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:



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Part I Continued:

FOR HIGH SCHOOL STUDENTS

TO BE FILLED OUT BY THE GUIDANCE COUNSELOR

Grade Point Average _____ Class Rank _____
SAT Scores: Verbal _____ Math _____ Total _____

Please enclose a transcript of your grades

Signature of Guidance Counselor: _____

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: _____