

**CLARION UNIVERSITY OF PENNSYLVANIA  
VENANGO CAMPUS  
SCHOLARSHIP APPLICATION FOR NEW STUDENTS  
Submit by: JULY 24, 2009**

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Home address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

High School attended \_\_\_\_\_ Year Graduated \_\_\_\_\_  
or Year GED Received \_\_\_\_\_

High School Address (include Principal's name) \_\_\_\_\_  
\_\_\_\_\_

High School GPA or Grade Percentage \_\_\_\_\_ High School Class Rank \_\_\_\_\_ out of \_\_\_\_\_  
SAT Math Score \_\_\_\_\_ SAT Critical Reading Score \_\_\_\_\_ ACT Score \_\_\_\_\_

***\*If you have been out of high school for 3 years or more, SAT or ACT scores are not needed.***

High school extracurricular activities/awards \_\_\_\_\_  
\_\_\_\_\_

Community activities/awards \_\_\_\_\_  
\_\_\_\_\_

What degree will you pursue? (A.S., A.A., A.A.S., B.S.) \_\_\_\_\_ Major? \_\_\_\_\_

Expected graduation date? \_\_\_\_\_

<u>Colleges attended (include Clarion)</u>	<u>Years</u>	<u>Degrees</u>	<u>Credits</u>	<u>Grade Point Average</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

College scholarships or awards received (indicate for which year) \_\_\_\_\_  
\_\_\_\_\_

College extracurricular activities \_\_\_\_\_  
\_\_\_\_\_

List below the number of credits you plan to take:    Fall 2009 semester at Venango \_\_\_\_\_ Clarion \_\_\_\_\_  
Spring 2010 semester at Venango \_\_\_\_\_ Clarion \_\_\_\_\_

In a few sentences, **state your professional goals:**

In a few sentences, **state why you feel you should be awarded a scholarship:**

If you are employed, will you be eligible to receive a tuition reimbursement from your employer? \_\_\_\_\_

CIRCLE ONLY ONE SECTION, A, B, OR C BELOW AND COMPLETE THAT SECTION. THE ABSENCE OF FINANCIAL INFORMATION WILL DISQUALIFY YOU.

**A. Married (If you fill out this section, omit sections B and C)**

Your Employer/Occupation \_\_\_\_\_

Your gross income during the past year from all sources (include assistance, disability, etc.) \_\_\_\_\_

Ages of children \_\_\_\_\_ other dependents and ages \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Employer/Occupation \_\_\_\_\_

Spouse' gross income during the past year from all sources (include assistance, disability, etc.) \_\_\_\_\_

Extraordinary costs related to the family \_\_\_\_\_

**B. Single-dependent on parent (If you fill out this section, omit sections A and C)**

Father's name \_\_\_\_\_ employer \_\_\_\_\_ occupation \_\_\_\_\_

Mother's name \_\_\_\_\_ employer \_\_\_\_\_ occupation \_\_\_\_\_

Combined gross income of parents during the previous year (include assistance, etc.) \_\_\_\_\_

Ages of brothers and sisters \_\_\_\_\_

Extraordinary costs related to the family \_\_\_\_\_

**C. Single-independent of parents (You may qualify if you have been living on your own for a year or more, paying your own expenses including housing and utilities.)**

Were you born before January 1, 1985? \_\_\_\_\_ Are you a veteran of the U.S. Armed Forces? \_\_\_\_\_

Are you married? \_\_\_\_\_ Are you a ward of the court or are both your parents deceased? \_\_\_\_\_

Do you have legal dependents (other than spouse) receiving more than half of their support from you?  
\_\_\_\_\_

Ages of children (if any) \_\_\_\_\_ Ages of other dependents \_\_\_\_\_

Means of support/employer \_\_\_\_\_

Total gross income during the previous year (include assistance, disability, etc.) \_\_\_\_\_

**Please be as complete with your information as possible. A partially completed application will negatively affect your chances of a scholarship.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return completed application to:

Scholarship Committee  
Venango Campus  
1801 West First Street  
Oil City, PA 16301

**DEADLINE: JULY 24, 2009**