

## MCINROY-SHEFFER PEOPLE TRUST DEADLINE APRIL 1

The McInroy-Sheffer People Trust Fund is for students who graduated or plan to graduate from a high school in one of the following Pennsylvania Counties: Cumberland, Dauphin, Lycoming, Tioga or York who will be enrolled as freshman during the current year. These students must also be enrolled in the following schools and their listed major:

1. HACC – Culinary Arts
2. Mansfield University – Elementary Education
3. Central Pennsylvania College – Fundamental Business Operations
4. York College – Communications
5. Pennsylvania College of Technology – Hands-on Trades
6. Harrisburg University- Management and eBusiness

### ELIGIBILITY CRITERIA

1. Financial need
2. Graduated from a high school in the counties listed above
3. Attendance at one of the institutions listed above –in the specified fields of study
4. Essay 200 words maximum, typewritten, 12 pt. font, double spaced

### HOW TO APPLY

- Completed Scholarship Application Form
- High School Transcript with numerical cumulative GPA
- FAFSA **Student Aid Report** Form. In addition to the SAR, please provide a letter with information you believe will be useful in determining your financial need (e.g., family and student income). Are there extenuating circumstances of which we should be aware? For example, illness in the family, loss of employment, or other relevant information?
- Completed Personal Essay describing “How am I preparing for my life goals”. Please include information on how your past experiences (work, volunteering, vacations, etc.) have prepared you for entering into your chosen major. 200 words maximum, typewritten, 12 pt. font, double spaced

### RENEWABILITY

This is a one time award.

### MATCHING AWARD OPPORTUNITIES

*AES/PHEAA's PATH Program:* Scholarship recipients are eligible to have their awards matched on a dollar-for-dollar basis by AES/PHEAA's *PATH* (“Partnerships for Access to Higher Education”) Program. PHEAA may grant matching funds to scholarship recipients who are enrolled in an approved Pennsylvania college or career school, who are a state grant recipient and who demonstrate financial need. The match provides last-dollar support for tuition, books and fees. The scholarship recipient's information is submitted to PHEAA by TFEC staff. No additional work will be asked of the scholarship recipient. For more information regarding AES/PHEAA, please refer to their website at [www.pheaa.org](http://www.pheaa.org).

## THE FOUNDATION FOR ENHANCING COMMUNITIES SCHOLARSHIP APPLICATION FORM

1. Please carefully read the one page summary for each scholarship for which you are applying.
2. Complete scholarship instructions can be found on The Foundation's Web site at [www.tfec.org](http://www.tfec.org).
3. Please be sure to **complete and include** any additional requirements with your submission.
4. All applications are due to The Foundation office by **April 1, 2011 (unless otherwise noted for the individual scholarship)**. Deadlines are in office dates not postmark dates.
5. Applications received **after** the deadline date will not be accepted.
6. Submit application packets **by mail** or **in person** to:  
  
Jennifer Kuntch, Program Associate  
The Foundation for Enhancing Communities  
  
Physical location:  
200 N. Third Street, 8<sup>th</sup> Floor  
Fulton Bank Building  
Harrisburg, PA  
  
Mailing address:  
P. O. Box 678  
Harrisburg, PA 17108-0678
7. If you have any questions about the scholarship process, please email [jkuntch@tfec.org](mailto:jkuntch@tfec.org). Please include your name, the high school you attend, and the scholarship that you have questions about.



## THE FOUNDATION FOR ENHANCING COMMUNITIES SCHOLARSHIP APPLICATION FORM

### SECTION 1 – SCHOLARSHIP NAME AND APPLICANT SIGNATURE

Please indicate below, the name of the scholarship you are applying for with this application. **Your application will not be processed if this line is not filled in.**

NAME OF SCHOLARSHIP: \_\_\_\_\_

Please sign below indicating that the information provided in this application is accurate and true to the best of your knowledge.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

### SECTION 2 – APPLICANT INFORMATION

Full Name: \_\_\_\_\_

Last

First

M.I.

Address \_\_\_\_\_

Street Address

Apt./Unit #

City

County

State

Zip

Home Phone: (     ) \_\_\_\_\_

Cell Phone: (     ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex:    Male    Female

U.S. Citizen:    Yes    No

Name of Spouse (if applicable): \_\_\_\_\_

Number of Dependents and age(s) (if applicable): \_\_\_\_\_

**SECTION 3 – FAMILY INFORMATION**

**MOTHER**     **STEPMOTHER**     **GUARDIAN**

Full Name: \_\_\_\_\_  
Last First M.I.

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address/Phone:     Same as student     Different than student (if different, please list below)

Address: \_\_\_\_\_  
Street Address Apt./Unit #  
\_\_\_\_\_  
City State Zip

Home Phone: (    )                      Work Phone: (    )                      Cell Phone: (    )

**FATHER**     **STEPFATHER**     **GUARDIAN**

Full Name: \_\_\_\_\_  
Last First M.I.

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address/Phone:     Same as student     Different than student (if different, please list below)

Address: \_\_\_\_\_  
Street Address Apt./Unit #  
\_\_\_\_\_  
City State Zip

Home Phone: (    )                      Work Phone: (    )                      Cell Phone: (    )

1. Check if applicable:     Father Deceased     Mother Deceased     Parents Divorced
2. Are you the first in your family to attend college?     Yes     No
3. List names, ages and educational levels of siblings living in your household below:

Name (s) of siblings	Age	Grade or Year in College & Name of College
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION 4 – HIGH SCHOOL INFORMATION**  
**(TO BE COMPLETED BY GUIDANCE COUNSELOR)**  
**\* IF ALREADY IN COLLEGE SKIP BELOW TO SECTION 5**

High School Attended/Attending: \_\_\_\_\_

High School Address \_\_\_\_\_  
Street Address

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

H.S. Graduation Date: \_\_\_\_\_ Cumulative Class Rank: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Total H.S. Class Size: \_\_\_\_\_

\*Attendance Information (Current School Year) # of Days Absent: \_\_\_\_\_ # of Days Tardy: \_\_\_\_\_

\*Attendance Information (Previous School Year) # of Days Absent: \_\_\_\_\_ # of Days Tardy: \_\_\_\_\_

\*Test Scores: SAT – Reading: \_\_\_\_\_ Math: \_\_\_\_\_ Writing: \_\_\_\_\_ Date: \_\_\_\_\_  
Reading: \_\_\_\_\_ Math: \_\_\_\_\_ Writing: \_\_\_\_\_ Date: \_\_\_\_\_  
Reading: \_\_\_\_\_ Math: \_\_\_\_\_ Writing: \_\_\_\_\_ Date: \_\_\_\_\_

Test Scores: ACT- Composite: \_\_\_\_\_ Date: \_\_\_\_\_

The school-related information provided above is accurate and true to the best of my knowledge.

\*H.S. Guidance Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*H.S. Guidance Counselor Printed Name: \_\_\_\_\_

List the schools to which you have applied.  
Circle or highlight the school you have selected to attend (if any).

School	Acceptance Status		
1. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending
2. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending
3. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending

**SECTION 5 – POST-SECONDARY INFORMATION**

1. Please fill out even if you are a high school senior.
2. Please provide an official transcript if you are already in college.

Year in college for upcoming school year:  Freshman  Sophomore  Junior  Senior  Post-Graduate

Major Field of Study: \_\_\_\_\_

Minor Field of Study: \_\_\_\_\_

Do you plan to be a full-time student?  Yes  No If no, how many credit hours? \_\_\_\_\_

Expected College Graduation Date: \_\_\_\_\_

**SECTION 6 – EDUCATIONAL FINANCING – REQUIRED INFORMATION**

Please provide education financing information for your chosen school, or for your first choice of school.

School: \_\_\_\_\_ Expected Annual Room & Board: \_\_\_\_\_

Expected Annual Tuition/Fees: \_\_\_\_\_ Expected Annual Textbooks & Supplies: \_\_\_\_\_

Are you financing your own education?  Yes  No  Partial

If no or partial, who is helping to finance your education? \_\_\_\_\_

How much of your education are they supporting (dollar figure)? \_\_\_\_\_

Will you have student loans for the upcoming year?  No  Yes If yes, how much? \_\_\_\_\_

Are you participating in a Work Study program?  No  Yes If yes, how much will you earn? \_\_\_\_\_

Other comments, if any: \_\_\_\_\_

**SECTION 7 – OTHER SCHOLARSHIP INFORMATION**

Please list all other scholarships you have applied for (attach an addition sheet of paper if more space is needed):

<b>Scholarship Name</b>	<b>Received</b>
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending Amount: \$ _____

**SECTION 8 – APPLICANT PROFILE**

List any school, community and church activities in which you have been involved in the last four years and note if it was while in high school or college. Be sure to include leadership roles and number of hours (hours per week/month/year, whichever is applicable). Make additional copies of this page if more space is needed.

<b>School Activities</b>	<b>Timeframe</b>	<b>FR</b>	<b>SO</b>	<b>JR</b>	<b>SR</b>	<b>Total # Hours</b>
	<b>Month(s) &amp; Year(s)</b>					
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>Community &amp; Church Activities</b>	<b>Timeframe</b>	<b>FR</b>	<b>SO</b>	<b>JR</b>	<b>SR</b>	<b>Total # Hours</b>
	<b>Month(s) &amp; Year(s)</b>					
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>Awards &amp; Honors</b>	<b>FR</b>	<b>SO</b>	<b>JR</b>	<b>SR</b>	<b>Year</b>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Work Experience (List employer, position, dates of employment and average hours worked per week.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_