



2 West Main Street, Suite 101
Uniontown, PA 15401
724-437-8600
www.cffayettepa.org

2015 College Scholarship Application
(Please print clearly and use ONE paper clip for the entire application – DO NOT STAPLE)

APPLICATIONS MUST BE POST-MARKED

January to March 27, 2015

If you are selected to receive an award, you will be notified in May 2015.

NAME OF SCHOLARSHIP: Melvin J. and Beatrice Vance Keller Memorial Scholarship

The Melvin J. and Beatrice Vance Keller Memorial Scholarship has been created by the family and friends of Melvin J. and Beatrice Vance Keller. Melvin was a respected civic leader and a long time school board member for the Connellsville Area School District. Beatrice was a long time teacher for the Connellsville Area School District, immersing her students in the French language and culture before retiring. Scholarships are awarded to a Connellsville Area High School senior or a Connellsville Area High School graduate based on academic achievement, financial need, and **pursuing a degree in education.**

STUDENT INFORMATION

NAME: _____
(First) (MI) (Last)

ADDRESS: _____
(Street Address – No P.O. Box) (City) (ST) (ZIP)

HOME PHONE: _____ ALTERNATE OR CELL PHONE: _____

E-MAIL ADDRESS: _____

IF YOU ARE CURRENTLY IN HIGH SCHOOL COMPLETE THIS SECTION

JUNIOR YEAR CUMULATIVE GPA: _____ HIGH SCHOOL: _____

HIGH SCHOOL ADDRESS: _____
(Street) (City) (ST) (ZIP)

COLLEGE YOU PLAN TO ATTEND: _____

ADDRESS: _____
(Street) (City) (ST) (ZIP)

COLLEGE STUDENT ID#: _____ (if applicable)

What will be your major/field of study? _____

SAT Score: Math/Reading/Writing Total: _____ BIRTHDATE: ____/____/____

ESTIMATED FAMILY CONTRIBUTION (EFC): _____ If this scholarship is based on financial need, **you must attach a copy of the completed Free Application for Federal Student Aid (FAFSA).**

IF YOU ARE CURRENTLY IN COLLEGE COMPLETE THIS SECTION

COLLEGE GPA: _____ HIGH SCHOOL ATTENDED: _____

COLLEGE THAT I WILL BE ATTENDING IN THE FALL: _____

ADDRESS: _____
(Street) (City) (ST) (ZIP)

STUDENT ID#: _____

What will be your major/field of study? _____

ESTIMATED FAMILY CONTRIBUTION (EFC): _____ If this scholarship is based on financial need, **you must attach a copy of the completed Free Application for Federal Student Aid (FAFSA).**

ANTICIPATED GRADUATION DATE: ___/___/___ BIRTHDATE: ___/___/___

If necessary, you may attach additional information for any section of this application.

Extra-curricular Activities

Activity: _____ Dates: _____ Hours/Week: _____

Activity: _____ Dates: _____ Hours/Week: _____

Activity: _____ Dates: _____ Hours/Week: _____

Special Awards or Honors

Special Award or Honor: _____ Date Earned: _____

Purpose of Award/Honor: _____

Special Award or Honor: _____ Date Earned: _____

Purpose of Award/Honor: _____

Other Pertinent Information

Work Experience

Name of Employer: _____ Dates: _____ Hours/Week: _____

Type of Work: _____

Name of Employer: _____ Dates: _____ Hours/Week: _____

Type of Work: _____

Volunteer Experience

Organization: _____ Dates: _____ Hours/Week: _____

Type of Work: _____

Organization: _____ Dates: _____ Hours/Week: _____

Type of Work: _____

FAMILY INFORMATION

Father: _____

Mother: _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

Employer: _____

Employer: _____

Job Title: _____

Job Title: _____

How many siblings do you have? _____ Including yourself, how many will be attending college in the Fall? _____

Unusual circumstances: If you and/or your family have been dealing with extenuating circumstances that are creating a financial burden (over and above your costs for college or tech school), write about those circumstances. Be specific.

REQUIRED DOCUMENTS
IF THESE DOCUMENTS ARE NOT ATTACHED, YOUR APPLICATION WILL BE DENIED

1. A copy of your OFFICIAL transcript.
2. A completed copy of the 2015 Free Application for Federal Student Aid (FAFSA).
3. One letter of reference (parents and immediate family members are NOT eligible as a reference.)
4. An acceptance letter from a college or post-secondary school.
5. Please write a 300-500 word essay on what has inspired you to choose teaching as a career.

CONSENT & VERIFICATION

In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. I understand that all decisions made by the CFFC Scholarship Committee(s) are final and not subject to review or appeal. I further understand that any information provided in this form may be shared with committee members and donors of the sponsoring scholarships. Also, I understand that falsification of information may result in termination of any scholarship granted. If selected to receive a scholarship, I agree to the use of my name, likeness, and information contained in my application (excluding any financial information) for promotional purposes for the Community Foundation of Fayette County without further compensation or notification.

Student's Signature: _____

Date: _____

Printed Name: _____

Parent's Signature: _____

Date: _____

(If student is under 18 years of age)

Printed Name: _____

You may be contacted for a personal interview by the scholarship committee.

_____ If a scholarship is awarded to me, I DO NOT wish to have my name published in any CFFC printed material.