



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: Edward T. Yezioro Memorial Scholarship Fund

For a complete list of scholarships and criteria, visit www.cffayettepa.org or see your High School Guidance Counselor. *If you would like to apply for more than one (1) scholarship, you must complete separate applications. Please limit your applications to four (4).*

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: _____

JUNIOR YEAR CUMULATIVE GPA: _____ HIGH SCHOOL: Uniontown Area 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: ____/____/____

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. One letter of reference (parents and immediate family members are NOT eligible as a reference.)
3. Please write a 300-500 word essay. What does the field of teaching mean to you?

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.