

FNB TRUST & FINANCIAL SERVICES

a division of the **GRATZ** BANK

SUCCESSOR TRUSTEE OF SYLVIA M. HARLEY NURSING SCHOLARSHIP FUND

GRANT APPLICATION

The Sylvia M. Harley Nursing Scholarship provides financial scholarships for Residents of the geographic area of the Pottsville Area School District pursuing a higher education diploma or degree in the Nursing profession.

260 Sunbury Street • Minersville, PA 17954 • P - 570.544.1709 • F - 570.544.4326

www.gratzbank.com

**SYLVIA M. HARLEY NURSING SCHOLARSHIP FUND
2015 – 2016 SCHOLARSHIP**

(Covers School Year Fall 2015 through Spring/Summer 2016)Deadline to File: 7/31/2015

GENERAL PURPOSE OF THE FOUNDATION

In her Last Will & Testament, Sylvia M. Harley included provisions to provide scholarship funds that are granted to students enrolled in schools of advanced education in the fields of Nursing.

Sylvia M. Harley died on April 23, 1984. Mrs. Harley was a self-employed beautician in Pottsville. Mrs. Harley was a member of Trinity Lutheran Church, Pottsville.

Scholarship Fund

Goals

- To encourage and financially support students in pursuit of careers and professions in Nursing.

Eligibility

- Applicants must be residents of the geographic area comprised of the Pottsville Area School District.
- Applicants must show financial need, academic aptitude and achievement, and commitment to a career in nursing.
- Applicants must be enrolled as full-time students in a nursing school whether a diploma school or a baccalaureate school.
- Applicants are considered without regard to race, creed, color, sex or national origin.
- Applicants must earn at least a "C" average in the current year in order to be eligible or to have the scholarship re-awarded.

DISBURSEMENT:

- The Fund is administered by a Scholarship Committee composed of officers of FNBM TRUST & FINANCIAL SERVICES, a Division of the Gratz Bank (Successor Trustee). The committee will award grants annually from the fund as directed in the Last Will & Testament of Sylvia M. Harley.
- Scholarships shall be for one year only. They may be re-awarded to the same recipient for a maximum of three additional years.
- Payment must be paid directly to the school.
- Awards are determined and payable at the end of the year.

I, _____, a resident of _____
(Number and Street)

(City, Town, Zip Code)

(Home Telephone Number)

state that I am a resident of a municipality located in the Pottsville Area School District in the County of Schuylkill, State of Pennsylvania, and I am hereby applying for a scholarship under and subject to the above quoted provisions in Sylvia M. Harley's Last Will and Testament. I fully understand that any false statement made herein shall constitute sufficient reason for the revocation or withdrawal of any and all monies that may be given to me or on my behalf by the above named Trustee, FNBM TRUST & FINANCIAL SERVICES, a Division of the Gratz Bank.

I also fully understand that any scholarship granted to me pursuant to this application is not a vested right binding upon the Trustee and that the scholarship will be revoked by the Trustee should I, for any reason, become unable to continue as student in an educational institution.

The Grant Committee will meet to award the scholarships. The students will be notified about their eligibility status. Grants are awarded to assist with the **first semester**.

INSTRUCTIONS FOR COMPLETING APPLICATION FOR SCHOLARSHIP FROM SYLVIA M. HARLEY NURSING SCHOLARSHIP FUND

- 1) After you have answered all the questions on the application, the application must be returned to FNBM TRUST & FINANCIAL SERVICES to hold a place for you on the Scholarship Log.
- 2) Please request a transcript of grades and grade point average to be sent directly to FNBM TRUST & FINANCIAL SERVICES from the high school or college. Confirming your grades is a requirement of the scholarship.
- 3) ALL APPLICANTS must detach the last page of the application – “College Release Form”. As soon as you know the college you will be definitely attending in the Fall, send the form to that school. You might include a brief note advising your school that you are applying for a Sylvia M. Harley Nursing Scholarship grant and that they are being requested to complete the form and return it to the bank as soon as they have the information available to do so (probably anytime from May on).

The deadline date to return your APPLICATION to FNBM TRUST & FINANCIAL SERVICES, minus the College Release form, which you detached, is without exception, July 31, 2015.

After you return your Application to the bank, fill in your name, address, social security number and the name of your college on the “College Release Form”, which you detached. Take it in person or mail it to your college’s Financial Aid Office as soon as you decide on the school you will be attending. The school will hold the form until they have the necessary figures to complete it with the 2015-2016 information. The College will have until **Friday, July 31, 2015** to complete the form with your personal financial analysis information. We ask that they use only the format of this College Release form to supply this information. **WITHOUT THIS COMPLETED COLLEGE RELEASE FORM, YOUR APPLICATION CANNOT BE PROCESSED. THIS IS A MANDATORY REQUIREMENT – WITHOUT EXCEPTION.** Please do not assume we will be sending a reminder letter if we do not receive the “College Release” form from your school. We ask that you assume the responsibility to ensure that we have received it.

FNBM TRUST & FINANCIAL SERVICES assumes no responsibility for the accuracy of the information it supplies. If you have any questions or comments, please verify this information with your college.

- 4) The student must apply for other grant sources, specifically filing an FAFSA Report. Even if you do not qualify for any assistance, this report provides the college with the other necessary information needed for completion of our “College Release” form.
- 5) You may return your application to the bank in person, by mail or by fax. If you choose to mail it, please address your envelope to:

FNBM TRUST & FINANCIAL SERVICES
Sylvia M. Harley Nursing Scholarship
260 Sunbury Street
P O Drawer J
Minersville, PA 17954-0196

FAX – 570-544-4326

- 6) Please detach and retain these instructions for your future reference. Be assured that any information you disclose is kept in the strictest confidence.

Sylvia M. Harley Nursing Foundation
Scholarship Application

☐

New Applicant

☐

Previous Applicant

1 Name of Applicant _____
Permanent address _____
How long resident of above address _____ Legal Resident of (Municipality) _____
Telephone () _____ Date of Birth _____
Social Security Number _____
Marital Status: Single _____ Married _____
Married female applicant, please provide maiden name _____
High school graduate from _____ Date of Graduation _____

2 If Applicant is Head of Household, list dependents: _____

3 Annual Income of Applicant \$ _____ Employer _____
Occupation/Position held: _____
Annual Income of Spouse: \$ _____ Employer _____
Occupation/Position held: _____

4 Answer questions A, B and C if applicant is listed as a dependent on parents's or guardian's tax return.

Father's Name: _____
Address: _____
Occupation/Employer: _____
Mother's Name: _____
Address: _____
Occupation/Employer: _____

A. Annual Income of Father \$ _____ Mother \$ _____

B. Names & ages of Brothers and Sisters: _____

C. Names of Brothers and Sisters currently attending post-secondary schools: _____

Name	School	Date of Graduation
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5 College or Nursing School you are attending or plan to attend: _____

Address: _____

Telephone: () _____

Degree to be received (RN, BSN, ETC): _____ Graduation Date: _____

Normal School Year (mo/yr to mo/yr): _____ Number of semesters per school year: _____

What year of college will you be entering in September 2015: (circle 1) 1st, 2nd, 3rd, 4th, Grad School

By your signature affixed to this application, you state that you have completed the information completely and accurately and have read the attached instructions and fully understand them.

Date

Signature

**NOTE: THE COLLEGE RELEASE FORM & THE ACADEMIC RECORD SHOWING THE GPA MUST BE SENT DIRECTLY
TO FNBM TRUST & FINANCIAL SERVICES FROM THE SCHOOL**

COLLEGE RELEASE FORM
SYLVIA M. HARLEY NURSING SCHOLARSHIP FUND
FNBM Trust & Financial Services
A division of the Gratz Bank
260 SUNBURY STREET
MINERSVILLE, PA 17954-0196

From:

Name of Student

Social Security Number

Home Address

City/Township/State/Zip Code

By this letter, I hereby authorize you, the Financial Aid Officer of _____
(insert name of college) to release my personal financial analysis information from the Congressional Methodology (CM) Record, FAFSA or other similar report, to FNBM Trust & Financial Services to consider my eligibility for a Sylvia M. Harley Nursing Scholarship.

Signature of Applicant: _____

Signature of Parent (if Student is married, then Spouse's signature) _____

INSTRUCTIONS TO MY COLLEGE:

Because one of the criteria of the Sylvia M. Harley Scholarship is that of financial need, the bank must receive the following information postmarked no later than **Friday, July 31, 2015** in order to have sufficient time to make its determination so that I may be considered for a scholarship.

Please use only information for the **2015-2016** year; **do not** give information from previous school year.

RESPONSE MUST BE FAXED OR MAILED DIRECTLY FROM COLLEGE ADMISSIONS OFFICE

ALL FIGURES LISTED BELOW MUST APPLY TO THE 2015-2016 SCHOOL YEAR

Cost of: Tuition	\$	_____
Room, Board	\$	_____
School-related fees	\$	_____
	\$	_____

(if student is living off campus, please include in this figure
cost as if the student resided in campus housing for the year)

\$ _____

Family Contribution (EFC)

\$ _____

total of all (free) Grants and Scholarships

\$ _____

Total loans taken to date from the beginning of the student's education up to and including the 2015-2016 school year (do not confuse this with the amount the student would be entitled to borrow, only loans taken are being asked for:

Loans _____ Students AGI _____ Parents AGI _____

Student declared major _____

By: _____ Date: _____
Signature (Financial Aid Officer)

Kindly forward this completed form to the following address or FAX it to (570) 544-4326. FNBM Trust & Financial Services, Sylvia M. Harley Nursing Scholarship Fund, 260 Sunbury Street, Minersville, PA 17954-0196

FNBM Trust & Financial Services assumes no responsibility for the accuracy of the information supplied by the college, If the student or parent has questions, they should verify the figures with the college.