

THE CLARA LOUISE KISER MEMORIAL SCHOLARSHIP PROGRAM

ELIGIBILITY – The Kiser scholarships are for students who:

- are or were residents of Clarion County, PA during their senior year of high school.
- plan to enroll in full-time undergraduate study at an accredited two-year or four-year college or university or vocational-technical school for the entire upcoming academic year.
- have completed the Free Application for Federal Student Aid (FAFSA).

The scholarships are awarded according to satisfactory academic achievement and financial need.

Children of PNC Bank employees are ineligible to apply for this scholarship.

SUBMISSION - Interested students, including prior recipients, must mail (in one envelope) all required documents listed below:

1. **Completed and signed application and Financial Aid Information forms.**
2. **Current, complete transcript of grades.** High school transcripts should be requested from your high school guidance counselor and should include your permanent high school record with courses and grades obtained to date, class rank and, if available SAT and/or ACT test scores. Students currently in school beyond high school should send a complete transcript from the school presently attending.
3. **A copy of the first two pages of your parent's most recently filed Federal 1040 tax form.** Your parents must submit a true and correct signed copy of their Income Tax Form 1040, 1040A or 1040EZ for 2016. If you e-filed your return, sign and include a copy of your e-return including the signature page. If no tax form will be submitted, send a note explaining the circumstances.
4. A copy of your **SAR** (Student Aid Report). The **SAR** must include the **EFC** number (Expected Family Contribution).
5. A copy of your final **Financial Aid Award Letter** from your selected college.

Applicants are responsible for gathering and submitting all necessary information. Applications are evaluated on the information provided; therefore, answer all questions as completely as possible. All information received is considered confidential and is reviewed only by Scholarship America and the Kiser Scholarship Committee.

Mail all required documents **postmarked no later than May 18, 2018 to:**

Clara Louise Kiser Memorial Scholarship
Scholarship America – Sue Busse
One Scholarship Way
St. Peter, MN 56082

AWARDS - The scholarship program is administered by Scholarship America. Scholarship America processes payments on behalf of PNC Institutional Investments. Payments are made in two installments in August and December. The checks are mailed to the recipient's home address and are made payable to the school for the student.

ADDITIONAL INFORMATION

Questions regarding the scholarship program should be addressed to:

Sue Busse
Program Manager
Scholarship America
Phone: 507-931-0472
Email: sbusse@scholarshipamerica.org

Clara Louise Kiser Memorial Scholarship

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly. Application postmark deadline: **May 18, 2018**

Did you receive a Kiser Scholarship for the 2017-18 academic year? Yes No

1. NAME: _____

2. ADDRESS: _____

3. CITY: _____ TOWNSHIP: _____ COUNTY: _____

4. STATE: _____ ZIP CODE: _____ PHONE NUMBER: _____

5. EMAIL: _____ BIRTH DATE: _____

6. MARITAL STATUS: SINGLE MARRIED DIVORCED NO. OF DEPENDENTS: _____

7. IF MARRIED ANNUAL INCOME OF SPOUSE: \$ _____ PLACE OF EMPLOYMENT: _____

8. HIGH SCHOOL GRADUATION DATE: _____ MONTH: _____ YEAR: _____

HIGH SCHOOLS ATTENDED:

NAME: _____ FROM: _____ TO: _____

NAME: _____ FROM: _____ TO: _____

9. POST-SECONDARY SCHOOL YOU ARE PLANNING TO ATTEND: _____

SCHOOL ADDRESS: _____ CITY: _____ STATE: _____

MAJOR FIELD OF STUDY: _____

ANTICIPATED DATE OF GRADUATION: _____

OCCUPATIONAL GOAL: _____

YEAR OF COLLEGE/TRADE SCHOOL COMPLETED BY MAY 2018: _____

10. HOUSING (check one): DORMITORY OFF CAMPUS HOUSING LIVING AT HOME

11. COSTS PER YEAR: _____

A. TUITION & FEES: \$ _____

B. ROOM & MEALS: \$ _____

C. TOTAL COSTS: \$ _____

12. FATHER'S NAME: _____

ADDRESS: _____

PLACE OF EMPLOYMENT: _____

OCCUPATION: _____

13. MOTHER'S NAME: _____

ADDRESS: _____

PLACE OF EMPLOYMENT: _____

OCCUPATION: _____

14. MARITAL STATUS OF PARENTS: MARRIED SEPARATED DIVORCED WIDOWED
 SINGLE

15. NUMBER OF FAMILY MEMBERS: _____ FAMILY MEMBERS IN COLLEGE FULL TIME 2018-19: _____

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information. I am fully aware that SHOULD I FAIL to make such reports no further applications for scholarships will be considered by the Clara Louise Kiser Memorial Scholarship Committee.

In connection with this application for a scholarship from the Clara Louise Kiser Memorial Scholarship, I hereby authorize Scholarship America serving this program to request from any school attended by me: transcripts, financial aid records and any other records deemed necessary for the administration of this scholarship program, and I authorize any such school to submit any transcripts and other records that may be requested by the scholarship administrator.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____

Mail to: Clara Louise Kiser Memorial Scholarship, Scholarship America – Sue Busse, One Scholarship Way, St. Peter, MN 56082

FINANCIAL AID INFORMATION

Student Name _____

Please complete the following. This information will be used for selection purposes.

Name of the educational institution you will be attending for the 2018-2019 academic year _____

List all grants and scholarships you have been awarded. Please note only grants and scholarships are considered in this process, **not loans**. If the space is inadequate, list additional awards on a separate sheet of paper.

<u>Name of Award/Grant (Pell, SEOG, PHEAA, or Outside Aid)</u>	<u>Sponsor</u>	<u>Amount per Year</u>	<u>Renewable for How Many Years?</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
Total grants and scholarships for 2018-19 academic year:		\$ _____	

School cost data:

I will: live on campus live off campus commute from home

If college choice is a public institution, I will pay:

in-state resident tuition out-of-state tuition not applicable

I agree to permit Scholarship America to confer with my educational institution to verify my continuing enrollment during the term of my award.

I certify the information I have provided about other grants and scholarships is accurate. Failure to report or falsification of requested information may result in forfeiture of my scholarship.

Student Signature _____ Date _____

Parent Signature (if student is under age 18) _____ Date _____

Please **submit this form and a copy of your final Financial Aid Award Letter or official documentation** from the education institution you will be attending by postmark deadline date of **May 18, 2018** to:

Clara Louse Kiser Memorial Fund Scholarship Program
Scholarship America – Sue Busse
One Scholarship Way
St. Peter, MN 56082
sbusse@scholarshipamerica.org