RELEASE FORM

For students under the age of 18 at date of entry, a parent/legal guardian must sign this release. Students age 18+ at date of entry should sign this form themselves.

If chosen for this scholarship award, I/we give the Scholarship Fund and those acting upon their authority the right to:

- Release the student's name, school, and town in which he/she lives in all promotional materials (website, newspapers, etc.)
- Release the student's photograph in promotional materials
- Publish the essay in full or in part
- Verify grades with guidance counselor and/or school administrators.

_____ _____

Student signature, date *Parent/legal guardian signature, date*

GUIDANCE COUNSELOR SIGN-OFF

By my signature, I verify that the student applicant meets this scholarship's eligibility criteria.

Guidance Counselor Signature: _____

Phone:_____ E-mail:_____

STUDENT INFORMATION FORM

Student Name_____

Home Address_____

_____

City, State_____ **Zip**_____

E-mail _____**Phone**_____

Date of Birth_____

High School Name_____

Guidance Counselor to contact to verify GPA_____

Post-Secondary Institution Name_____

_____

Parent/Guardian Name_____

I certify that my essay is an original, unpublished work:

X_____

Signature *Date*

Dr. Alan G. Elko Legacy Scholarship Award

Award

- A West Chester Area School District graduating senior will be eligible for a scholarship award of $300.

Eligibility

- Senior in good standing at a West Chester Area School District High School.
- Student must demonstrate financial need.
- Student must have maintained a high school grade point average of "B" or above.
- In order to remain eligible for the scholarship, during their post-secondary studies the scholarship recipient must maintain a cumulative grade point average of "B" or better
- Xxxx
- Xxxxx
- xxxxx
- Submit all materials highlighted in the Submission Checklist section by May 15.

GUIDELINES

Submission Checklist

- ❑ Copy of Official Transcript
- ❑ Letter of Recommendation
- ❑ Completed Parent Release Form
- ❑ Completed Student Entry Form
- ❑ Brief essay: "**What I value most, and what difference I would like to make during my lifetime.**"
- ❑ Check here if you have filled out the FASFA form to be eligible for matching funds from PHEAA. Please go to ***www.fafsa.ed.gov*** to fill out this form. May 1 is the deadline.

Scholarship Distribution

- Recipient will be announced by letter and/or at the Awards Ceremony held in conjuction with High School Graduation.
- Scholarship recipient must send the Foundation proof of their matriculation during each semester at a post-secondary institution to receive Scholarship Fund payment.

DEADLINE FOR ENTRY

April 15

Submit application by April 15 to:

Dr. Alan G. Elko Legacy Scholarship Fund
Chester County Community Foundation
28 West Market Street
West Chester, PA 19382
(610) 696-8211 **grants@chescocf.org**

Dr. Alan G. Elko Legacy Scholarship Fund

THE DR. ALAN G. ELKO LEGACY SCHOLARSHIP FUND was established upon the retirement of this West Chester Area School District Superintendent.

Each year, funds will be used to award a scholarship to a graduating West Chester Area School District High School senior.

Dr. Elko is a dedicated leader with a keen, enthusiastic, inclusive view of the world. Throughout his tenure, he made it a priority to:

X
X
X
X
X
X

Scholarships will be awarded to students with an active, broad, inclusive world view who have a desire for education that is as strong and vibrant as Dr. Elko's commitment to serve the community.