

THE JOHN H. HEWLETT, III SCHOLARSHIP FUND

APPLICATION FORM

Dear Applicant:

*Congratulations on your decision to continue with your education beyond High School. This application **MUST** include a most recent **OFFICIAL TRANSCRIPT**, i.e., **proper signature and seal**, from your High School and a **Personal Essay**.*

APPLICATION MUST BE RECEIVED BY MAY 14

RETURN COMPLETED APPLICATION TO GUIDANCE OFFICE

Scholarship Description:

The John H. Hewlett, III Scholarship Fund for West Chester Area High School Students is awarded to a student each year who the Scholarship Fund Advisors feel exemplifies good character, community involvement, a vision of community change, and potential for leadership. The student must also be in need of financial assistance. Scholarships will cover tuition and other educational expenses that the scholarship committee may deem necessary. Recipients may reapply.

Eligibility Requirements:

Applicants must:

- have a 2.5 average or better upon high school graduation and throughout post-secondary education
- have a track record of being involved in dealing with core causes of community issues
- be in good standing with West Chester Area School District
- plan to attend an accredited post-secondary education institution (2year/4year college or university or vocational/technical institute) the fall semester after graduation from high school

Type or Print. All requested information MUST be provided below or your application will NOT be reviewed.

Student's Name: _____
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

Address: _____
(STREET) (CITY, STATE) (ZIP)

Home Phone: _____
(AREA CODE) (PHONE NUMBER)

WCASD High School Attending: _____

Father's Name: _____ Occupation: _____

Address (if different from applicant): _____

Mother's Name: _____ Occupation: _____

Address (if different from applicant): _____

Guardian's Name (if applicable): _____

Telephone: _____ Occupation: _____

Parent/Guardian's combined yearly income (check amount):

Under \$20,000 ____ \$20,000/\$29,999 ____ \$50,000 and over ____
\$30,000/\$39,999 ____ \$40,000/\$49,999 ____

____ Please check here if you have filled out the Federal Student Aid/FASFA form to be eligible for matching funds from Pennsylvania Higher Education Assistance Agency/PHEAA. Please go to the website www.fafsa.ed.gov to fill out this form. May 1st is the deadline.

How many brother and sisters are living in the home?

(Name)	(Age)	(Name)	(Age)
1. _____		4. _____	
2. _____		5. _____	
3. _____		6. _____	

Are there other household family members attending college? (yes) (no)

If yes, please list:

1. _____
2. _____
3. _____
4. _____

To what schools have you applied?	Accepted? (Yes/No)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

What other scholarships/awards have you received?

Name (s)	Amount (s)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

*** Please feel free to make any additional comments which you believe might be helpful in evaluating your Scholarship Application (Attach separate sheet).

PARENTAL.GUARDIAN CONSENT:

I have reviewed the forgoing information and give permission to the scholarship committee of the JOHN H. HEWLETT, III SCHOLARSHIP FUND to review this application and herein attached supporting documents.

(NO APPLICATION WILL BE REVIEWED WITHOUT PROPER SIGNATURES)

(Student's Signature, Date)

(Parent/Guardian Signature, Date)

PERSONAL ESSAY (Please use separate sheet)

Please describe your life's ambition, your educational goals, and why you should be selected for this scholarship.

(Must be typewritten of at least one page but not more than three pages.)