



The W. Thomas Musser  
Memorial Scholarship Application



*The W. Thomas Musser Memorial Scholarship Fund has been established to honor the life and legacy of W. Thomas (Tom) Musser. Tom believed deeply in the importance of education and life-long learning. This scholarship will be awarded to a full-time employee, or a dependent of a full-time employee, of The Tri-M Group, LLC or EnerG Test, LLC. The recipient will be furthering their education beyond high school, and will be attending an accredited two- or four-year university, college (undergraduate or graduate) or vocational/technical institute.*

**PERSONAL INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian employed at The Tri-M Group, LLC/EnerG Test, LLC:

\_\_\_\_\_

**CAREER/COLLEGE INFORMATION**

Highest form of education: \_\_\_\_\_

Where did you attend high school or college: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_ Attach high school or college transcript

Where are you continuing your education: \_\_\_\_\_

Field/Area of Study: \_\_\_\_\_

Briefly describe your academic/career goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EXTRACURRICULAR ACTIVITIES (attach separate paper if needed)**

List of Activities/Clubs, Sports, Jobs, Volunteer Work, Community Involvement.

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\_\_\_\_\_

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## ESSAY QUESTION

On a separate sheet of paper, attach a typed essay, 300 to 500 words, on ONE of the following topics:

**Leadership**—Define the characteristics that you believe effective leaders should possess. Describe a person in your life who has demonstrated these qualities and the impact they have had on your life.

**Entrepreneurship**—What does entrepreneurship mean to you? Describe an entrepreneur that you admire and relate to your personal experience.

**Community Involvement**—Why do you believe community involvement is important? Describe an experience of community involvement in your life and its impact on you.

### W. Thomas Musser Memorial Scholarship Certification & Official Release

I certify that all of the information in this application is complete and accurate. If awarded the W. Thomas Musser Memorial Scholarship, I give the W. Thomas Musser Memorial Charitable Fund the right to:

Release my name, school and town in which I live for use in promotional materials (website, social media, etc.)

Use my photo in promotional materials.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For students under the age of 18 at date of entry, a parent or legal guardian must co-sign this release.

Parent/Guardian Signature (if needed) \_\_\_\_\_

### Scholarship Application Deadline is April 30, 2022

Please return scholarship application, along with typed essay to:

W. Thomas Musser Memorial Charitable Fund  
c/o Chester County Community Foundation  
28 W. Market Street, West Chester, PA 19382

610-696-8211

[www.chescocf.org](http://www.chescocf.org)

OR to [info@chescocf.org](mailto:info@chescocf.org)

Include in subject line: W. Thomas Musser Memorial Scholarship Application