

MCINROY-SHEFFER PEOPLE TRUST DEADLINE APRIL 1

The McInroy-Sheffer People Trust Fund is for students who graduated or plan to graduate from a high school in one of the following Pennsylvania Counties: Cumberland, Dauphin, Lycoming, Tioga or York who will be enrolled as freshman during the current year. These students must also be enrolled in the following schools and their listed major:

1. HACC – Culinary Arts
2. Mansfield University – Elementary Education
3. Central Pennsylvania College – Fundamental Business Operations
4. York College – Communications
5. Pennsylvania College of Technology – Hands-on Trades
6. Harrisburg University- Management and eBusiness

ELIGIBILITY CRITERIA

1. Financial need
2. Graduated from a high school in the counties listed above
3. Attendance at one of the institutions listed above –in the specified fields of study
4. Essay 200 words maximum, typewritten, 12 pt. font, double spaced

HOW TO APPLY

- Completed Scholarship Application Form
- High School Transcript with numerical cumulative GPA
- FAFSA **Student Aid Report** Form. In addition to the SAR, please provide a letter with information you believe will be useful in determining your financial need (e.g., family and student income). Are there extenuating circumstances of which we should be aware? For example, illness in the family, loss of employment, or other relevant information?
- Completed Personal Essay describing “How am I preparing for my life goals”. Please include information on how your past experiences (work, volunteering, vacations, etc.) have prepared you for entering into your chosen major. 200 words maximum, typewritten, 12 pt. font, double spaced

RENEWABILITY

This is a one time award.

MATCHING AWARD OPPORTUNITIES

AES/PHEAA's PATH Program: Scholarship recipients are eligible to have their awards matched on a dollar-for-dollar basis by AES/PHEAA's *PATH* (“Partnerships for Access to Higher Education”) Program. PHEAA may grant matching funds to scholarship recipients who are enrolled in an approved Pennsylvania college or career school, who are a state grant recipient and who demonstrate financial need. The match provides last-dollar support for tuition, books and fees. The scholarship recipient's information is submitted to PHEAA by TFEC staff. No additional work will be asked of the scholarship recipient. For more information regarding AES/PHEAA, please refer to their website at www.pheaa.org.

THE FOUNDATION FOR ENHANCING COMMUNITIES SCHOLARSHIP APPLICATION FORM

1. Please carefully read the one page summary for each scholarship for which you are applying.
2. Complete scholarship instructions can be found on The Foundation's Web site at www.tfec.org.
3. Please be sure to **complete and include** any additional requirements with your submission.
4. All applications are due to The Foundation office by **April 1, 2011 (unless otherwise noted for the individual scholarship)**. Deadlines are in office dates not postmark dates.
5. Applications received **after** the deadline date will not be accepted.
6. Submit application packets **by mail** or **in person** to:

Jennifer Kuntch, Program Associate
The Foundation for Enhancing Communities

Physical location:
200 N. Third Street, 8th Floor
Fulton Bank Building
Harrisburg, PA

Mailing address:
P. O. Box 678
Harrisburg, PA 17108-0678
7. If you have any questions about the scholarship process, please email jkuntch@tfec.org. Please include your name, the high school you attend, and the scholarship that you have questions about.



THE FOUNDATION FOR ENHANCING COMMUNITIES SCHOLARSHIP APPLICATION FORM

SECTION 1 – SCHOLARSHIP NAME AND APPLICANT SIGNATURE

Please indicate below, the name of the scholarship you are applying for with this application. **Your application will not be processed if this line is not filled in.**

NAME OF SCHOLARSHIP: _____

Please sign below indicating that the information provided in this application is accurate and true to the best of your knowledge.

Applicant Signature _____

Date _____

SECTION 2 – APPLICANT INFORMATION

Full Name: _____

Last

First

M.I.

Address _____

Street Address

Apt./Unit #

City

County

State

Zip

Home Phone: () _____

Cell Phone: () _____

Email Address: _____

Date of Birth: _____

Sex: Male Female

U.S. Citizen: Yes No

Name of Spouse (if applicable): _____

Number of Dependents and age(s) (if applicable): _____

SECTION 4 – HIGH SCHOOL INFORMATION
(TO BE COMPLETED BY GUIDANCE COUNSELOR)
*** IF ALREADY IN COLLEGE SKIP BELOW TO SECTION 5**

High School Attended/Attending: _____

High School Address _____
Street Address

_____ City State Zip

H.S. Graduation Date: _____ Cumulative Class Rank: _____

Cumulative GPA: _____ Total H.S. Class Size: _____

*Attendance Information (Current School Year) # of Days Absent: _____ # of Days Tardy: _____

*Attendance Information (Previous School Year) # of Days Absent: _____ # of Days Tardy: _____

*Test Scores: SAT – Reading: _____ Math: _____ Writing: _____ Date: _____
Reading: _____ Math: _____ Writing: _____ Date: _____
Reading: _____ Math: _____ Writing: _____ Date: _____

Test Scores: ACT- Composite: _____ Date: _____

The school-related information provided above is accurate and true to the best of my knowledge.

*H.S. Guidance Counselor Signature: _____ Date: _____

*H.S. Guidance Counselor Printed Name: _____

List the schools to which you have applied.
Circle or highlight the school you have selected to attend (if any).

School	Acceptance Status		
1. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending
2. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending
3. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending

SECTION 5 – POST-SECONDARY INFORMATION

1. Please fill out even if you are a high school senior.
2. Please provide an official transcript if you are already in college.

Year in college for upcoming school year: Freshman Sophomore Junior Senior Post-Graduate

Major Field of Study: _____

Minor Field of Study: _____

Do you plan to be a full-time student? Yes No If no, how many credit hours? _____

Expected College Graduation Date: _____

SECTION 6 – EDUCATIONAL FINANCING – REQUIRED INFORMATION

Please provide education financing information for your chosen school, or for your first choice of school.

School: _____ Expected Annual Room & Board: _____

Expected Annual Tuition/Fees: _____ Expected Annual Textbooks & Supplies: _____

Are you financing your own education? Yes No Partial

If no or partial, who is helping to finance your education? _____

How much of your education are they supporting (dollar figure)? _____

Will you have student loans for the upcoming year? No Yes If yes, how much? _____

Are you participating in a Work Study program? No Yes If yes, how much will you earn? _____

Other comments, if any: _____

SECTION 7 – OTHER SCHOLARSHIP INFORMATION

Please list all other scholarships you have applied for (attach an addition sheet of paper if more space is needed):

Scholarship Name	Received
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending Amount: \$ _____

SECTION 8 – APPLICANT PROFILE

List any school, community and church activities in which you have been involved in the last four years and note if it was while in high school or college. Be sure to include leadership roles and number of hours (hours per week/month/year, whichever is applicable). Make additional copies of this page if more space is needed.

School Activities	Timeframe	FR	SO	JR	SR	Total # Hours
	Month(s) & Year(s)					
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Community & Church Activities	Timeframe	FR	SO	JR	SR	Total # Hours
	Month(s) & Year(s)					
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Awards & Honors	FR	SO	JR	SR	Year
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Work Experience (List employer, position, dates of employment and average hours worked per week.)
