



# SCHOLAR PROGRAM SCHOLARSHIP APPLICATION

## Guidelines for Awarding of Scholarship:

- This scholarship is primarily need-based.
- Secondary considerations will be given to the student’s academic standing and to extra-curricular activities.
- Awarding of any scholarship money will be based on availability of funds.
- **Incomplete applications, including signatures, will not be considered.**

## Important Points for Applications Submission:

- Review for accuracy – including all required signatures – before submitting.
- Applications must be complete, including signatures, to be considered.
- It is each student’s responsibility to ensure the entire application is received by Office of Dual Enrollment & Secondary School Programs **by November 15<sup>th</sup>** to allow for proper consideration of all submissions. Scholarships are only awarded during the main enrollment period each year.
- The student **must reapply** each academic year for consideration for this scholarship.
- There is a limit of 15 credits per student over the life of Scholar enrollment, which may be covered by this scholarship. Funding of all courses is not guaranteed.

**Scholarship applications are due by November 15<sup>th</sup>.**  
**Late submissions will not be accepted.**

**SECTION I: To be completed by the applicant**  
**(PLEASE TYPE OR PRINT IN INK)**

Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street/P.O. Box

\_\_\_\_\_ City State ZIP

Phone number(s): \_\_\_\_\_  
Home Cell Other

Email address: \_\_\_\_\_

Are you a U.S. citizen? (Please circle one): Yes No

Signature of parent/guardian: \_\_\_\_\_

1. Intended major in college career: \_\_\_\_\_
2. Indicate enrollment status: Returning student \_\_\_\_\_ First-time student \_\_\_\_\_
3. Indicate for which term you are applying (*i.e., fall/spring 2019, etc.*): \_\_\_\_\_
4. Indicate the course(s) for which you are seeking scholarship assistance: \_\_\_\_\_  
\_\_\_\_\_
5. Indicate current high school status: Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_
6. Indicate your intended year of graduation from high school: \_\_\_\_\_

**For any of the following questions, please use additional plain paper if necessary.**

7. List any extracurricular, volunteer and community activities:  
\_\_\_\_\_  
\_\_\_\_\_
8. List any honors, awards, etc., you have received:  
\_\_\_\_\_  
\_\_\_\_\_
9. List any academic-related activities: (including academic fairs, conferences, summer programs, etc.)  
\_\_\_\_\_  
\_\_\_\_\_
10. If you have applied for and/or are receiving financial aid or scholarships, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
11. State what scholarship funds mean to you (in terms of financial need) in completing your education:  
\_\_\_\_\_  
\_\_\_\_\_
12. Share any goals and/or career interests you have:  
\_\_\_\_\_  
\_\_\_\_\_
13. Sign, date here, and return the entire application to the address on page four (4):

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Recommendation** (If an explanation is needed, please include a separate letter.)

- Highly recommended for scholarship
- Recommended for scholarship
- Not recommended for scholarship

**Rationale** (required): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Scholar Liaison/Teacher

High School: \_\_\_\_\_ County: \_\_\_\_\_

**Please verify that all four pages are complete and sent together.  
Do not separate the application when submitting!**

Dual Enrollment & Secondary School Programs  
La Roche University  
9000 Babcock Blvd.  
Pittsburgh, PA 15237  
[scholar@laroche.edu](mailto:scholar@laroche.edu)  
412-536-1286

**PLEASE NOTE: To qualify for the Scholar Program, students must:**

- Be a sophomore, junior, or senior at a participating Scholar partner high school
- Receive recommendation of approval from his or her teacher
- Maintain a high school GPA of 3.0 or better on a 4.0 scale