

## SCHOLAR PROGRAM SCHOLARSHIP APPLICATION

### Guidelines for Awarding of Scholarship:

- This scholarship should be treated as an emergency fund for students most in need of financial assistance who may otherwise be unable to participate in the Scholar Program due to the limitations of current financial hardship.
- This scholarship is primarily need-based, with secondary considerations given to the student's academic standing and to extra-curricular activities.
- Awarding of any scholarship money will be based on availability of funds, and awards will be prioritized by level of need expressed.
- **Incomplete applications, including signatures, will not be considered.**

### Important Points for Applications Submission:

- Review for accuracy and completeness before submitting.
- Applications must be complete, including required signatures and rationale, 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 as needed for consideration for this scholarship.
- There is a limit of three (3) courses maximum (**one per year**) per student over the overall duration of Scholar Program participation 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 CLEARLY IN INK)

Name: \_\_\_\_\_  
Last First Middle

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

\_\_\_\_\_ City State Zip

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

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

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 (*full-year/fall 2023/spring 2024*): \_\_\_\_\_
4. Indicate the course 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 received, or are receiving financial aid or scholarships, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
11. State how important scholarships are (in terms of financial need) to your educational goals:  
\_\_\_\_\_  
\_\_\_\_\_
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:** \_\_\_\_\_

**SECTION II: The next two (2) pages are to be completed and signed by the Scholar high school liaison or teacher.**

Student's Name \_\_\_\_\_  
  First  M.I.  Last

Class Rank \_\_\_\_\_ in a class of \_\_\_\_\_ at the end of \_\_\_\_\_ semesters (if applicable)

Current GPA (on a 4.0 scale) \_\_\_\_\_ ACT/SAT \_\_\_\_\_ (if available)

**Assessment of Financial Need**

(Please check at least one)

- Free/ reduced lunch
- Family incomes falls within the Income guidelines from USDA Food and Nutrition Service
- Enrollment in federal, state or local programs that aids students from low-income families
- Public assistance
- Federal subsidies for public housing/foster home/homeless
- Ward of the state/orphans
- High school request - extenuating circumstances (please explain below, use additional plain paper if necessary)

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**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