

Allegheny-Kiski Health Foundation 2010 Scholarship Application

To be considered for any of the following scholarship awards, applicants must:

1. Demonstrate financial need.
2. Complete an application with ALL required attachments.
3. Have the completed application and attachments delivered to the AKH Foundation by the advertised deadlines.

Please check the box of the specific scholarship program to which you are applying:

[] Helen Rakowski Bole Nursing Scholarship Program

- ♦ Must be a current resident of the Alle-Kiski Valley.
- ♦ Must be a beginning Nursing student (RN or BSN only).
- ♦ Must be female.
- ♦ Application Deadline – **May 7, 2010.**

[] Adolph Rztokewicz Nursing Scholarship Program

- ♦ Must be a current resident of the Alle-Kiski Valley.
- ♦ Must be a beginning Nursing student (RN or BSN only).
- ♦ Application Deadline – **May 7, 2010.**

[] Helen Rakowski Bole Literary Scholarship Program

- ♦ Must be a graduating Senior at Highlands High School.
- ♦ Must be accepted to an accredited four-year college or university.
- ♦ Must be majoring in Literature or a related field.
- ♦ Must be female.
- ♦ Application Deadline – **May 7, 2010** - NOTE: This award is a two-year award given every other year.

[] Robert & Jean Walsh Math & Science Scholarship Program

- ♦ Must be a graduating Senior at Highlands High School or St. Joseph High School
- ♦ Must be accepted to an accredited four-year college or university.
- ♦ Must be majoring in a Math or Science program.
- ♦ Application Deadline – **May 7, 2010.**

[] Robert & Jean Walsh Humanities Scholarship Program

- ♦ Must be a graduating Senior at Highlands High School or St. Joseph High School
- ♦ Must be accepted to an accredited four-year college or university.
- ♦ Must be majoring in a Humanities field of study (such as Archeology, Art, Education, History, Language, Music, Philosophy, Political Science, Psychology, Sociology, etc.).
- ♦ Application Deadline – **May 7, 2010.**

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1. All items must be completed, please type or print legibly. Applications that are illegible will not be considered.
2. Please attach additional pages as necessary.
3. Completed applications, including the following attachments (except for academic and financial documentation mailed directly from schools, colleges or universities), are to be enclosed in one envelope and returned to the Allegheny-Kiski Health Foundation, P.O. Box 92, Natrona Heights, PA 15065. **Please check the due dates on page one:**
 - **A copy of an official acceptance letter from your college, university, or nursing school, including an affirmation of your major field of study.**
 - **A letter from your college, university or nursing school's financial aid office that provides the first year's cost of education, your expected family contribution and all scholarships, grants and financial aid that you will receive.**
 - **Your high school transcripts and documentation of graduation.**
 - **A letter of recommendation from the personal reference listed in your completed application (excluding relatives).**

NAME _____
(Last) (First) (Middle)

SEX _____ AGE _____ SOCIAL SECURITY NUMBER _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE _____

HIGH SCHOOL _____ DATE OF GRADUATION _____

QUALITY POINT AVERAGE _____ SAT SCORE _____

LIST ANY AWARDS, CITATIONS, etc. THAT YOU HAVE EARNED:

COLLEGE, UNIVERSITY or NURSING
SCHOOL THAT YOU WILL ATTEND

DATE THAT YOU WILL BEGIN COLLEGE or NURSING SCHOOL

EXPECTED GRADUATION DATE _____

MAJOR FIELD OF STUDY _____

DEGREE YOU WILL BE
WORKING TOWARDS _____

CAREER ASPIRATIONS _____

OCCUPATION OF PARENTS:

(Mother's Occupation)

(Father's Occupation)

LIST THE NAME, ADDRESS and PHONE NUMBER OF A PERSONAL REFERENCE
OTHER THAN A RELATIVE:

(Name)

(Phone)

(Address)

(City)

(State)

(Zip)

(Nature of Relationship)

LIST RECENT VOLUNTEER and/or EMPLOYMENT EXPERIENCES

A. NAME OF ORGANIZATION or BUSINESS _____

DATES THAT YOU WORKED or VOLUNTEERED _____ to _____

NAME OF SUPERVISOR _____ PHONE _____

DESCRIPTION OF DUTIES _____

B. NAME OF ORGANIZATION or BUSINESS _____

DATES THAT YOU WORKED or VOLUNTEERED _____ to _____

NAME OF SUPERVISOR _____ PHONE _____

DESCRIPTION OF DUTIES _____

C. NAME OF ORGANIZATION or BUSINESS _____

DATES THAT YOU WORKED or VOLUNTEERED _____ to _____

NAME OF SUPERVISOR _____ PHONE _____

DESCRIPTION OF DUTIES _____

LIST ANY SIGNIFICANT EXTRACURRICULAR ACTIVITIES THAT YOU HAVE BEEN INVOLVED WITH, INCLUDING OFFICES HELD, WHETHER OR NOT THEY ARE SCHOOL SPONSORED:

(dates of involvement)

(dates of involvement)

(dates of involvement)

(dates of involvement)

