

Robert C. Edwards Foundation

Established by the Pennsylvania State Association of Boroughs

16 Drexel Hills Circle, New Cumberland, PA 17070

Howard W. Eckert, Jr.
President

John Dorin
Vice President

Robert C. Edwards
Secretary/Treasurer

Robert C. Edwards Scholarship Foundation

Scholarship Application

Deadline May 4, 2010

The Robert C. Edwards Scholarship is administered by the Robert C. Edwards Scholarship Foundation. The Scholarships will be presented to selected students in each of the six (6) Districts of the Pennsylvania State Association of Boroughs (PSAB). (See map on back).

The applicant must be from a **Borough which is a member of the Pennsylvania State Association of Boroughs (PSAB)**. The applicant must have been accepted for admission to an accredited College, University or School which offers a two (2) or a four (4) year degree/certificate program. The scholarship is for the first year (freshman) at the College, University or School.

The applicant must attach a picture which may be used for publicity purposes, and will not be returned.

Scholarship payments, in the amount of one thousand dollars (\$1,000), will be made directly to the College, University or School in which the applicant is enrolled. In the event that enrollment is not completed or the applicant withdraws before the end of the first year, the institution will be directed to return the money to the Foundation.

The enclosed **three-page application** may be duplicated.

(Regional Map on Back)

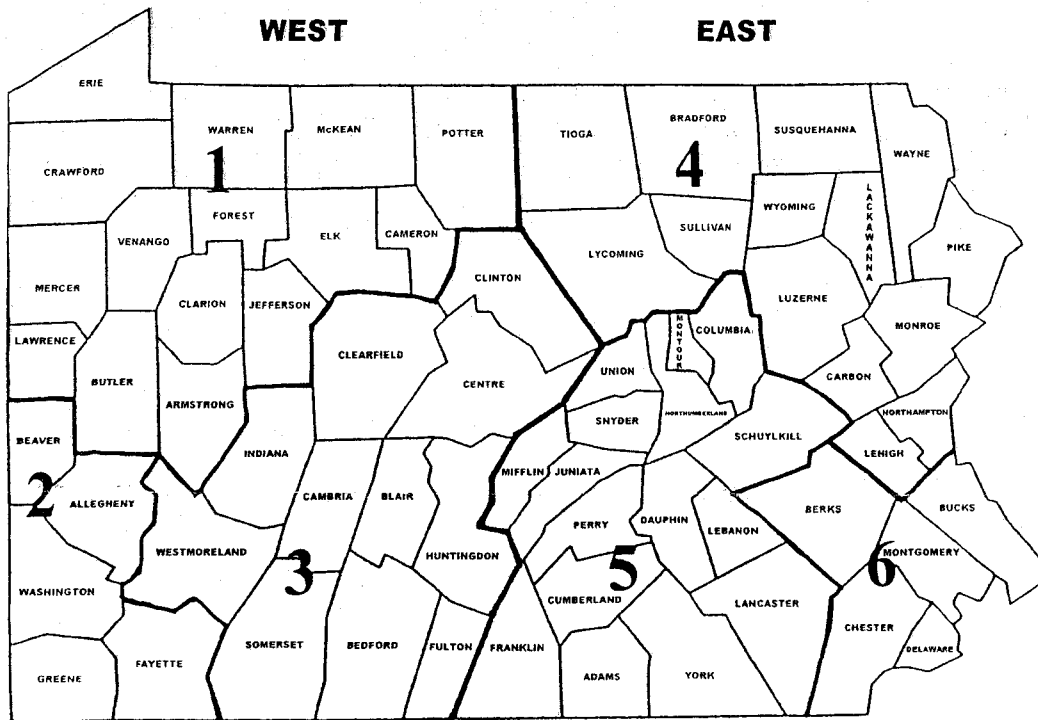
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- Board of Directors -

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District 1

Armstrong, Butler, Cameron, Clarion, Crawford, Elk, Erie, Forest, Mercer, Jefferson, Lawrence, McKean, Potter, Venango, Warren

District 4

Bradford, Carbon, Lackawanna, Lehigh, Lycoming, Luzerne, Monroe, Northampton, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming

District 2

Allegheny, Beaver, Greene, Fayette, Washington

District 5

Adams, Columbia, Cumberland, Dauphin, Franklin, Juniata, Lancaster, Lebanon, Mifflin, Montour, Northumberland, Perry, Schuylkill, Snyder, Union, York

District 3

Bedford, Blair, Cambria, Centre, Clinton, Clearfield, Fulton, Huntingdon, Indiana, Somerset, Westmoreland

District 6

Berks, Bucks, Chester, Delaware, Montgomery

Robert C. Edwards Scholarship

APPLICATION

Deadline - Application must be postmarked no later than **May 4** and sent to the **Edwards Foundation, 16 Drexel Hills Circle, New Cumberland, PA 17070**. Recipients will be notified by May 20. Scholarship winners will be selected by an independent panel of retired school officials approved by the Foundation Board of Directors. **Note** - Unfortunately due to the large volume of applicants - only scholarship recipients will be notified.

Recipients will be judged on knowledge, demonstrated leadership, and community service.

In addition to this application, applicants must submit the following information attached to the application: *Note - Incomplete applications will not be considered.*

1. A **high school transcript** including the first two marking periods of the senior year.
2. A **letter of recommendation** from the guidance counselor written on High School stationery.
3. A **letter of acceptance** from the College, University or School.
4. A **list of school activities** participated in by the applicant, offices held and honors received.
5. A **listing**, with short description, **of experiences of community service** including church activities.
6. Write your name on the back of a **small photograph** and attach to this application.
7. **Write or type a letter so that we can become acquainted with you.** Please include why you want to further your education, and what you expect from college.

District # (See Map) _____

Personal Information (Please Type if Possible)

Name of Student _____ Phone (____) _____

Mailing Address _____
Street City State Zip Code

BOROUGH _____ County _____

NOTE - Student **must reside in a Borough**. Township residents **will not** be considered.

Father _____ Occupation _____

Mother _____ Occupation _____

-OVER-

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Personal Information (Cont'd)

Brothers and Sisters (Names) _____ Age _____
_____ Age _____
_____ Age _____
_____ Age _____

Educational Information (Please Type if Possible)

High School _____

Address _____ State _____ Zip _____

Course of Study in High School _____

Extra-curricular activities in High School (or attach list) _____

Offices, Awards or Honors (or attach list) _____

Which College, University or School are you going to attend?

Institution Name _____ Phone: (_____) _____

Address _____

City _____ State _____ Zip _____

What will be your college major? _____

SEAL

All the information provided on this application
is true and correct to the best of my knowledge.

Notary

Applicant's Signature

(This form must be notarized)

Date