

Mid-West

PASBO

Pennsylvania Association of School Business Officials

SCHOLARSHIP PROGRAM

The Mid-West Chapter of the Pennsylvania Association of School Business Officials (PASBO) accepts applications each year from senior level students enrolled at a dues-paying Midwest PASBO School District, Career & Technology Center, or Intermediate Unit. The purpose of the Scholarship Program is to support local students as they pursue postsecondary training to obtain meaningful skills and give back in their communities through work and service.

APPLICATION GUIDELINES

1. Candidate *must* be nominated by a **due paying business official** of the Midwest Chapter of PASBO.
2. Candidate must be recommended (by letter) by a professional staff member from their high school.
3. Candidate must respond to the following essay question in typewritten form, double spaced. (Limit to 250 words or less).

Explain why you should be considered for this scholarship. Include in this essay your future plans, career goals and attach the essay to the completed application.

4. The awarding of all scholarships will be made by the Scholarship Committee based upon scholastic merit, extracurricular activities and community leadership.
5. The scholarship consists of a one-time payment with the final amount determined by the Committee at the time of award. The Committee reserves the right to award additional scholarships as it deems appropriate.

Deadline for the application is:

March 24, 2025

Submit your application packet to:

**Jon Perry, Director of Financial Services
Franklin Regional School District
3170 School Road
Murrysville, PA 15668
jperry@frsdk12.org**

If you have any questions, contact the Midwest PASBO member in your school district.

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2024-2025 SCHOLARSHIP APPLICATION

APPLICANT DATA

LAST NAME FIRST NAME MIDDLE INITIAL

PERMANENT ADDRESS STREET CITY STATE ZIP CODE

AREA CODE & PHONE NUMBER

PERMANENT MAILING ADDRESS OF PARENT/GUARDIAN (IF DIFFERENT FROM APPLICANT) _____
STREET CITY STATE ZIP CODE

AREA CODE & PHONE NUMBER

SCHOOL DATA

EXPECTED HIGH SCHOOL GRADUATION DATE _____ CLASS RANK _____ SAT/ACT SCORE _____
MONTH YEAR

SCHOOL DISTRICT _____

POST-SECONDARY SCHOOL FOR WHICH APPLICANT'S SCHOLARSHIP IS REQUESTED:

SCHOOL: _____

ADDRESS: _____
STREET CITY STATE ZIP CODE

IS THIS 4 YEAR COLLEGE/UNIVERSITY

IS THIS SCHOOL ACCREDITED? YES NO

COMMUNITY COLLEGE

VOCATIONAL/TECHNICAL

OTHER

ANTICIPATED GRADUATION DATE FROM POST-SECONDARY PROGRAM: _____
MONTH YEAR

MAJOR FIELD OF STUDY APPLICANT INTENDS TO PURSUE: _____

SCHOOL ACTIVITIES

LIST ALL SCHOOL ACTIVITIES IN WHICH YOU HAVE PARTICIPATED DURING THE PAST FOUR YEARS (i.e. STUDENT GOVERNMENT, SPORTS, ETC.)

ACTIVITY	NO. OF YEARS PARTICIPATED	SPECIAL AWARDS,HONORS	ACTIVITY	NO. OF YEARS PARTICIPATED	SPECIAL AWARDS,HONORS

COMMUNITY ACTIVITIES

LIST ALL COMMUNITY ACTIVITIES IN, WHICH YOU HAVE PARTICIPATED WITHOUT PAY DURING THE PAST FOUR YEARS (i.e. RED CROSS, CHURCH WORK, VOLUNTEER, ETC.) INDICATE ALL SPECIAL AWARDS AND HONORS.

ACTIVITY	NO. OF YEARS PARTICIPATED	SPECIAL AWARDS,HONORS	ACTIVITY	NO. OF YEARS PARTICIPATED	SPECIAL AWARDS,HONORS

PLEASE REPORT ANY UNUSUAL FAMILY OR PERSONAL CIRCUMSTANCES THAT YOU FEEL WARRANT ATTENTION.

OTHER GRANT/SCHOLARSHIP AWARDS

PLEASE LIST BELOW THE NAME AND AMOUNT OF ANY GRANTS OR SCHOLARSHIPS THAT YOU HAVE BEEN AWARDED FOR THE UPCOMING SCHOOL YEAR.

NAME OF AWARD	AMOUNT	GRANTED (Y/N)	PENDING (Y/N)

APPLICANT APPRAISAL

ATTACHED YOU WILL FIND TWO APPLICANT APPRAISAL FORMS. THESE ARE TO BE COMPLETED BY TWO SEPARATE INDIVIDUALS. THE APPRAISAL CANNOT BE FROM THE SAME PERSON AS THE REQUIRED STAFF RECOMMENDATION LETTER FROM YOUR HIGH SCHOOL.

APPLICANT APPRAISALS ARE AN IMPORTANT PART OF YOUR APPLICATION AND NEED TO BE RETURNED TO THE COMMITTEE BY THE APPLICATION DEADLINE DATE. ONE APPRAISAL SHOULD BE COMPLETED BY A TEACHER OR COUNSELOR AND THE OTHER SHOULD BE COMPLETED BY A WORK SUPERVISOR, CLERGY MEMBER, ACTIVITY DIRECTOR OR ANY OTHER COMMUNITY MEMBER. YOUR APPLICATION IS CONSIDERED INVALID UNLESS THE APPRAISAL FORMS ARE COMPLETED.

APPLICANT CHECKLIST

THIS APPLICATION FOR STUDENT AID BECOMES COMPLETE AND VALID ONLY WHEN YOU HAVE RETURNED FOLLOWING MATERIALS:

- _____ APPLICATION FORM
- _____ CURRENT TRANSCRIPT OF GRADES
- _____ TWO APPLICANT APPRAISALS
- _____ RESPONSE TO ESSAY QUESTION
- _____ RECOMMENDATION LETTER FROM PROFESSIONAL STAFF MEMBER AT HIGH SCHOOL

APPLICANT SIGNATURE

IN SUBMITTING THIS APPLICATION, I CERTIFY THAT THE INFORMATION PROVIDED IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. FALSIFICATION OF INFORMATION MAY RESULT IN TERMINATION OF ANY SCHOLARSHIP GRANTED.

APPLICANT'S SIGNATURE

DATE

NOMINATING BUSINESS MANAGER SIGNATURE

BUSINESS MANAGER'S SIGNATURE

DATE

