

THE JERSEY SHORE AREA SCHOOL DISTRICT
Jersey Shore, Pennsylvania 17740

Application for an M. Elizabeth Ramsey Scholarship

Please complete the attached Application

- **Include a copy of your acceptance letter**
 - **Along with a copy of your transcript**
- **This application needs to be Notarized**
*(if you need an explanation of how to have a document notarized
please ask the guidance office staff)*
- **Return the application and transcript to:**

**ATTN: RAMSEY SCHOLARSHIP
JERSEY SHORE AREA SENIOR HIGH SCHOOL
GUIDANCE OFFICE
701 CEMETERY STREET
JERSEY SHORE PA 17740**

Application posted March 15, 2023

Date Due: April 14, 2023
By 3:00 PM

The M. Elizabeth Ramsey Scholarship Awards are granted to worthy students of high scholastic standing from the Jersey Shore Area School District with preference given to students residing in the Pine Creek area.

RAMSEY APPLICATION (page 1)

Please Print or type all information

Student

Applicant's

Name _____
Last First Middle Initial

Non School E-mail address _____

Home

Address _____ Township _____
Number and Street

City State Zip Phone # _____

Parent/Guardian:

Name _____

Address _____

Approval is hereby given for the district to send the applicant's high school transcripts to the Awards Committee.

Signature of applicant if over the age of 18
Otherwise parent signature

I (student) request that my application for scholarship funds be given consideration and do affirm that all information contained herein is to the best of my knowledge true and correct. *Do not sign this section ahead of time. **This application is to be signed and sealed in front of a notary.***

Date Signature of Student Applicant

Sworn and subscribed to me, this _____ day of _____ A.D. _____

Seal Notary's Signature _____

My Commission Expires _____

FOR OFFICE USE ONLY

Applicant's Code Number _____

(School District Copy)

RAMSEY APPLICATION (page 2) Student's Name _____

This application should be accurately completed by both the Student and Parent/Guardian.
(Please print or type all information)

Date Submitted _____ for office use during **2022-23**
term. For distribution during **2023-24** term.

Will you be enrolled in a four-year college/university program or a program leading to a
Registered Nurse degree? Yes ____ No ____

Will you be enrolled as a full-time student? Yes ____ No ____

College Major _____ Expected college graduation date: _____

Name/Address of College/University/Nursing School:

City

State

Zip

Career Plans: _____

List Your School Activities: _____

List Your Interests: _____

FOR OFFICE USE ONLY

Applicant's residence is located in: _____ Pine Creek Area

_____ Other

Applicant's Code Number _____

School District Official

(All information will be kept confidential)