THE JERSEY SHORE AREA SCHOOL DISTRICT
Jersey Shore, Pennsylvania 17740

Renewal Application
M. Elizabeth Ramsey Scholarship

- **This application needs to be Notarized**

(if you need an explanation of how to have a document notarized please ask the guidance office staff)

- **Send your application and college transcript to:**

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

Applications available: March 15, 2023

Date Due: April 14, 2023

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 RENEWAL SCHOLARSHIP APPLICATION
Please Print or type all information for renewal application.

Student
Applicant's
Name_____
Last First Middle Initial

Student e-mail address _____Phone Number_____

Home
Address_____Township_____
Number and Street

_____Telephone_____
City State Zip

Parent/Guardian:

Name _____

Address_____

_____

Approval is hereby given for the district to send the applicant's official college transcript to the Awards Committee.

_____
Signature of Parent/Guardian (or Student if Over the age of 18)

I 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 Applicant

Sworn and subscribed to me, this_____day of _____A.D._____

Seal _____

My Commission Expires _____

FOR OFFICE USE ONLY

Applicant's Code Number_____

_____
Student Name (print or type all information)

Date Submitted_____. For office use during the 2022-23 term.
For distribution 2023-24 term.

Are you enrolled in a four-year college/university program
Or a program leading to a Registered Nurse degree? Yes_____ No_____

Are you enrolled as a full-time student? Yes_____ No_____

Major _____

Name/Address of College/University/Nursing School:

_____

_____

_____

Student's year in college/university/nursing program this coming September:

_____Second _____Third _____Fourth

Expected Year of Graduation? _____
(mm/dd/yyyy)

Please enter the date on which you requested your college transcripts.
to be sent to the Jersey Shore Area Senior High School Guidance Office: _____
Date

NOTE: If transcripts are not received in the district
by April 14, 2023, this application will be considered invalid.

_____
FOR OFFICE USE ONLY

The applicant's residence is located in: _____Pine Creek Area

_____Other

Applicant's Code Number_____

_____
School District Official

All information will be kept confidential