

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 your high school 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 13, 2026

Date Due: April 15, 2026
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 _____

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)

For office use during **2025-26** term. For distribution during **2026-27** 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

(All information will be kept confidential)