

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 14, 2025**  
***Date Due: April 15, 2025***

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

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 \_\_\_\_\_

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Student Name (print or type all information)

For office use during the 2024-25 term. For distribution 2025-26 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:

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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 15, 2025, this application will be considered invalid.

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FOR OFFICE USE ONLY

The applicant's residence is located in:

\_\_\_\_\_Pine Creek Area

\_\_\_\_\_Other

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School District Official

*All information will be kept confidential*