

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, 2026
Date Due: April 15, 2026

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 _____
Number and Street Township _____

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 _____

Student Name (print or type all information)

For office use during the 2025-26 term. For distribution 2026-27 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 15, 2026, this application will be considered invalid.

FOR OFFICE USE ONLY

The applicant's residence is located in: _____ Pine Creek Area
_____ Other

School District Official

All information will be kept confidential