ELIGIBILITY – The Smedley scholarships are for students who:

- are or were residents of Venango County, PA during their senior year of high school.
- are enrolled in associate degree programs at two or four-year accredited colleges or universities OR are enrolled in four-year degree programs at accredited colleges and universities OR attend the Registered Nursing Program at Venango Campus of Clarion University of PA.
- plan to enroll full-time in undergraduate study for the entire upcoming academic year.
- have completed the Free Application for Federal Student Aid (FAFSA).
- have a cumulative GPA of 2.0 or higher.

Smedley scholarships are limited to the first two years of college and are awarded according to satisfactory academic achievement and financial need.

Children of PNC Bank employees are ineligible to apply for this scholarship.

SUBMISSION - Interested students, including renewal applicants, must mail (in one envelope) all required documents listed below:

1. Completed and signed application and Financial Aid Information forms.
2. Current, complete transcript of grades. High school transcripts should be requested from your high school guidance counselor and should include your permanent high school record with courses and grades obtained to date, class rank and, if available SAT and/or ACT test scores. Students currently in school beyond high school should send a complete transcript from the school presently attending.
3. A copy of the first two pages of your parent’s most recently filed Federal 1040 tax form. Your parents must submit a true and correct signed copy of their Income Tax Form 1040, 1040A or 1040EZ for 2015. If you e-filed your return, sign and include a copy of your e-return including the signature page. If no tax form will be submitted, send a note explaining the circumstances.
4. A copy of your SAR (Student Aid Report). The SAR must include the EFC number (Expected Family Contribution).
5. A copy of your final Financial Aid Award Letter from your selected college.

Applicants are responsible for gathering and submitting all necessary information. Applications are evaluated on the information provided; therefore, answer all questions as completely as possible. All information received is considered confidential and is reviewed only by Scholarship Management Services and the Smedley Scholarship Committee.

Mail all required documents postmarked no later than June 10, 2016 to:

Laura M. Smedley Scholarship
Scholarship Management Services – Cherryl Reichel
One Scholarship Way
St. Peter, MN 56082

AWARDS - The scholarship program is administered by Scholarship Management Services, a division of Scholarship America. Scholarship Management Services processes payments on behalf of PNC Institutional Investments. Payments are made in two equal installments in August and December. The checks are mailed to the recipient’s home address and are made payable to the school for the student.

ADDITIONAL INFORMATION
Questions regarding the scholarship program should be addressed to:

Cherryl Reichel
Program Manager
Scholarship Management Services
Phone: 507-931-8205 Fax: 507-931-2103
Email: creichel@scholarshipamerica.org
Laura M. Smedley Scholarship

Completeness and neatness ensure your application will be reviewed properly. Application postmark deadline: June 10, 2016

Did you receive a Smedley Scholarship for the 2015-16 academic year? ☐ Yes ☐ No

1. NAME: 

2. ADDRESS: 

3. CITY: TOWNSHIP: COUNTY: 

4. STATE: ZIP CODE: PHONE NUMBER: 

5. EMAIL: BIRTH DATE: 

6. MARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ DIVORCED NO. OF DEPENDENTS: 

7. IF MARRIED ANNUAL INCOME OF SPOUSE: $ PLACE OF EMPLOYMENT: 

8. HIGH SCHOOL GRADUATION DATE: MONTH:__________________YEAR:______________ 

HIGH SCHOOLS ATTENDED: 

<table>
<thead>
<tr>
<th>NAME</th>
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9. POST-SECONDARY SCHOOL YOU ARE PLANNING TO ATTEND: 

SCHOOL ADDRESS: CITY: STATE: 

MAJOR FIELD OF STUDY: 

ANTICIPATED DATE OF GRADUATION: 

OCCUPATIONAL GOAL: 

YEAR OF COLLEGE/TRADE SCHOOL COMPLETED BY MAY 2016: 

10. HOUSING (check one): ☐ DORMITORY ☐ OFF CAMPUS HOUSING ☐ LIVING AT HOME 

11. COSTS PER YEAR: 

A. TUITION & FEES: $ 

B. ROOM & MEALS: $ 

C. TOTAL COSTS: $ 

12. FATHER’S NAME: 

ADDRESS: 

PLACE OF EMPLOYMENT: 

OCCUPATION: 

13. MOTHER’S NAME: 

ADDRESS: 

PLACE OF EMPLOYMENT: 

OCCUPATION: 

14. MARITAL STATUS OF PARENTS: ☐ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED ☐ SINGLE 

15. NUMBER OF FAMILY MEMBERS: FAMILY MEMBERS IN COLLEGE FULL TIME 2016-17: 

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information. I am fully aware that SHOULD I FAIL to make such reports no further applications for scholarships will be considered by the Laura M. Smedley Scholarship Committee.

In connection with this application for a scholarship from the Laura M. Smedley Scholarship, I hereby authorize Scholarship Management Services serving this program to request from any school attended by me: transcripts, financial aid records and any other records deemed necessary for the administration of this scholarship program, and I authorize any such school to submit any transcripts and other records that may be requested by the scholarship administrator.

Applicant's Signature ___________________________ Date ________________

Parent's Signature ___________________________ Date ________________

Mail to: Laura M. Smedley Scholarship, Scholarship Management Services – Cherryl Reichel, One Scholarship Way, St. Peter, MN 56082
FINANCIAL AID INFORMATION

Student Name_____________________________________________________________________________________

Please complete the following. This information will be used for selection purposes.

Name of the educational institution you will be attending for the 2016-17 academic year____________________________

List all grants and scholarships you have been awarded. Please note only grants and scholarships are considered in this process, not loans. If the space is inadequate, list additional awards on a separate sheet of paper.

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<th>Name of Award/Grant (Pell, SEOG, PHEAA, Allegheny, or Outside Aid)</th>
<th>Sponsor</th>
<th>Amount per Year</th>
<th>How Many Years?</th>
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Total grants and scholarships for 2016-17 academic year: $_____________________

School cost data:

I will: _____ live on campus _____ live off campus _____ commute from home

If college choice is a public institution, I will pay:

_____ in-state resident tuition _____ out-of-state tuition _____ not applicable

I agree to permit Scholarship Management Services to confer with my educational institution to verify my continuing enrollment during the term of my award.

I certify the information I have provided about other grants and scholarships is accurate. Failure to report or falsification of requested information may result in forfeiture of my scholarship.

Student Signature___________________________________________________________Date__________________

Parent Signature (if student is under age 18) _____________________________________ Date__________________

Please submit this form and a copy of your final Financial Aid Award Letter or official documentation from the educational institution you will be attending by postmark deadline date **June 10, 2016** to:

Laura M. Smedley Scholarship Program
Scholarship Management Services – Cherryl Reichel
One Scholarship Way
St. Peter, MN 56082

FAX: 507-931-2103