



# ST. BONAVENTURE UNIVERSITY

Founded 1858

## DUAL ENROLLMENT INCOME-BASED SCHOLARSHIP APPLICATION FORM—WARREN COUNTY STUDENTS

*Academic Year:* \_\_\_\_\_ (must file each year)

**For the Applicant: Fill this form in completely and return it to:**

Community Foundation of Warren County  
Mr. John Lasher, Executive Director  
P O Box 691  
Warren, PA 16365  
Web Address: [cfowc.org](http://cfowc.org)

Phone: 814-726-9553  
Email: [cfwc@westpa.net](mailto:cfwc@westpa.net)

\_\_\_\_\_  
**Date received by CFOWC**

*Please print or type:*

Student Name \_\_\_\_\_  
*Last First Middle*  
Social Security No. \_\_\_\_\_

Home Address \_\_\_\_\_  
*Number & Street City State Zip*

Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
*(Area Code) Number*

Gender:  Male  Female Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Parent's Residence Own \_\_\_\_\_ Rent \_\_\_\_\_ Buying \_\_\_\_\_

Number of Brothers/Sisters \_\_\_\_ / \_\_\_\_ # of children in college Fall Semester \_\_\_\_\_  
Spring Semester \_\_\_\_\_

***(Please count yourself as in college if you are in the Dual Enrollment Program)***

Number Self-supporting \_\_\_\_\_ Totally \_\_\_\_\_ Partially \_\_\_\_\_

Your High School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

High School Course of Study \_\_\_\_\_ Class Rank \_\_\_\_\_ / \_\_\_\_\_

Scholastic Honors (National Honor Society, National Merit, etc.)

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Extra-curricular Activities. Include membership in school organizations and offices held.

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Work Experience

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Circle high school status in Fall Semester:                      Sophomore                      Junior                      Senior

**ELIGIBILITY REQUIRMENTS:**

*You need a letter of recommendation from your principal, guidance counselor, coach, or home school instructor and any two of the four bullets below:*

- *Sophomore, junior or senior standing and a ranking in the top 30% of your high school class (home school students certainly eligible);*
- *A high school GPA of 84 or higher;*
- *A score of 1,000 or higher on the PSAT/SAT, if you've taken it;*
- *A score of 22 or higher on the PACT/ACT, if you've taken it.*

*Scholarships will be awarded on a “per credit hour” basis with a maximum limit of 59 credit hours per student.*

*Scholarships are awarded on the basis of need or extenuating circumstances. Parents’ adjusted gross income may not exceed \$75,000 with one family member in school, \$90,000 with 2 family members in school, or \$100,000 with 3 or more family members in school.*

**SCHOLARSHIP COMMITTEE:**

Scholarship committee will consist of two members of the St. Bonaventure Dual Enrollment Advisory Committee and the Director of Secondary Education from the Warren County School District.

**DEADLINES:**      **Fall Semester:**                      **May 31 of current Academic Year**  
                                 **Spring Semester:**                      **November 30 (only if you missed Fall)**

**STUDENT’S CHECK LIST TO COMPLETE THIS APPLICATION:**

- Write a brief statement explaining why you wish to pursue the Dual Enrollment Program and attach it to this form.
- Enclose, or have mailed to the committee, a comprehensive letter of recommendation covering character, personality, purposefulness and general worthiness of the applicant from school authorities or other responsible persons not related to the applicant.
- Enclose a letter from a parent or other person having knowledge of the facts, describing the family situation and the applicant’s need for financial assistance.
- Enclose your high school academic transcript signed by the proper school authority.
- Enclose a copy (or copies, if filed separately) of your parent’s most recent Federal Income Tax Return(s). If only one parent is responsible for your support, a declaration of non-support from the other parent must also be included.

**TOTAL SOURCES OF INCOME:**

Student’s estimated gross income this calendar year                             \$ \_\_\_\_\_  
 Parents’ estimated gross income this calendar year                             \$ \_\_\_\_\_

ESTIMATED NUMBER OF CREDIT HOURS FOR 1<sup>st</sup> AND 2<sup>nd</sup> Semester \_\_\_\_\_

***Financial information and grades are necessary for the scholarship committee to have sufficient information to select the deserving recipient of this award. No consideration will be given without necessary tax return(s) and your academic transcript.***

**PLEASE READ CAREFULLY BEFORE SIGNING**

All of the information on this application is true and complete to the best of my knowledge. If asked by a committee member, I agree to give proof of the information that I have given on this form. I realize that this proof includes a copy of my last year’s federal income tax return. I also realize that if proof is not given upon request, no aid may be expected.

If I withdraw from the dual enrollment program, I agree to authorize St. Bonaventure University to reimburse to the Community Foundation of Warren County the full amount of the Dual Enrollment Scholarship I receive in the current school year.

_____	_____
Student’s Signature	Date Completed
_____	_____
Father’s Signature <i>(if applicable)</i>	Mother’s Signature <i>(if applicable)</i>
_____	_____
Father’s Telephone	Mother’s Telephone <i>(if different)</i>
_____	_____
Father’s E-mail	Mother’s E-mail <i>(if different)</i>

## Dual Enrollment Scholarships Available 2020-2021

Cost/Credit Hr.	\$575	SBU Tuition (nearly 50% discount from regular tuition cost)
Less	<b>\$100</b>	<b>CFWC Scholarship, Level #1 (All students receive)</b>
Net	<b>\$475</b>	<b>Highest cost/credit hour for any student (\$1,425 for a 3-credit course)</b>

### Level #2      Community Foundation Scholarships with Income Limitations

Community Foundation requests that each family fill out and return a scholarship application form provided by our office if the student is interested in additional scholarship opportunities.

<b>Family Adjusted Gross Income Limitations—CFOWC Scholarships*</b>			
<b><u>1 Family Member in School**</u></b>	<b><u>2 Family Members in School</u></b>	<b><u>3 or More Family Members in School</u></b>	<b><u>Scholarship/Credit Hour</u></b>
\$30,000 to \$75,000	\$40,000 to \$90,000	\$50,000 to \$100,000	<b>\$60</b>
\$20,000 to \$29,999	\$25,000 to \$39,999	\$30,000 to \$49,999	<b>\$90</b>
Under \$20,000	Under \$25,000	Under \$30,000	<b>\$120</b>

### Level #3      DeFrees Family Memorial Fund Income-Based Scholarships

Community Foundation has a “Needs Based” Scholarship program funded by DeFrees Family Memorial Fund (DFMF).

<b>Family Adjusted Gross Income Limitations--Needs-Based Private Donors</b>			
<b><u>1 Child</u></b>	<b><u>2 Children</u></b>	<b><u>3 or More</u></b>	<b><u>Scholarship</u></b>
Up to \$45,000	Up to \$60,000	Up to \$70,000	<b>Varies</b>

### Level #4      Corporate Scholarships for children of employees

<b>Blair</b>	<b>\$50</b>	<b>per credit hour</b>	<b>\$1,000 per year at 20 hours</b>
<b>Whirley</b>	<b>\$20</b>	<b>per credit hour</b>	<b>\$ 400 per year at 20 hours</b>

\*All scholarships are available only for Warren County, PA students.

\*\* A student in the Dual Enrollment program is considered to be a college student.



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