

# PNC Bank

## Delaware (DE) Scholarships

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline April 1

FOR  
SCHOLARSHIP  
AMERICA  
USE ONLY

I.D. #	AA	PD	RIC/CS	GPA	SATRW	SATM	ACTC	SP1	TOTAL

APPLICANT  
DATA

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Permanent Home \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State **DE** ZIP Code \_\_\_\_\_ County \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Email Address (Required for notification) \_\_\_\_\_

Are you or any member of your immediate family a director or employee of PNC Bank, N.A.? ☐ Yes ☐ No

Please indicate your status. (For statistical purposes only) ☐ Male ☐ Female

PARENT/  
GUARDIAN OR  
ALTERNATE  
CONTACT  
INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Day Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

HIGH  
SCHOOL  
DATA

School Name \_\_\_\_\_ High School Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

City \_\_\_\_\_ State **DE** Phone ( \_\_\_\_\_ ) \_\_\_\_\_

POST-  
SECONDARY  
SCHOOL  
DATA

Name of postsecondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.)  
**Use official school names. Do not use abbreviations.**

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

☐ 4 yr. College or University

☐ 2 yr. Community or Junior College

☐ Vocational-Technical School

☐ Other, explain \_\_\_\_\_

Year in school **next** year:    1    2    3    4    5    or    Graduate Study

Major or course of study: \_\_\_\_\_ Expected college graduation date: Month \_\_\_\_\_ Year \_\_\_\_\_

Degree sought: ☐ Bachelor

☐ Associate

☐ Certificate

☐ Other \_\_\_\_\_

SCHOLAR-  
SHIP  
AWARDS

Please indicate below which awards you're eligible for, and wish to apply to (see guidelines for all eligibility requirements). To be considered for a particular award, you must also answer the additional question(s) listed for that award, if applicable.

☐ **Elsie B. Moore Award** (a copy of your current Delaware license must also be submitted):  
Will you be a newly-enrolled, first-year medical student who has been accepted for admission this coming fall? ☐ Yes ☐ No

☐ **H. Fletcher Brown Award** (a copy of your birth certificate must be submitted)

☐ **Dr. Joseph P. Pyle Award:**  
Are you a high school senior residing in the city limits of Wilmington attending a high school within the Wilmington School District or New Castle County? ☐ Yes ☐ No

☐ **A. Katharine Richards Award**

☐ **Evelyn E. Stricklin Award**

☐ **Howard & Edna Postles Award:**  
Is your permanent home address within 15 miles of the Milford, DE city limits? ☐ Yes ☐ No  
Are you a past recipient of the Howard & Edna Postles Award? ☐ Yes ☐ No

☐ **The Hearn Educational Fund Award:**  
Is your permanent home address within the boundaries of the Milford, DE School District? ☐ Yes ☐ No  
Are you a past recipient of The Hearn Educational Fund Award? ☐ Yes ☐ No

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

WORK  
EXPERIENCE

Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Were you paid for your work?
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO

ACTIVITIES,  
AWARDS AND  
HONORS

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held. **Indicate whether high school or college activities.**

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

**GOALS  
AND  
ASPIRATIONS**

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

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**UNUSUAL  
CIRCUMSTANCES**

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

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**TRANSCRIPT  
INFORMATION**

A complete transcript of grades **must** be sent with this application. Grade reports are not acceptable.

- 1. Students currently or previously enrolled in college or vocational-technical school must** include all college or vo-tech transcripts of grades from each school attended. Unofficial transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. (Completion of high school information below is not necessary.)
- 2. High school seniors and students who have completed less than one full quarter or semester** of postsecondary education **must** include a high school transcript of grades and have this section completed by the appropriate school official. **(A clear explanation of the high school's grading scale must also be submitted.)**

Applicant ranks _____  in a class of _____	Cumulative Grade Point Average	SAT		ACT				
	Weighted: _____/4.0 scale	Evidence-Based	Math	English	Math	Reading	Science	Composite
	Unweighted: _____/4.0 scale	Reading & Writing						

School Official's  
Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

School Official's  
Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**APPLICATION  
CHECKLIST**

The student is responsible for submitting all materials to Scholarship America on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- ☐ Current complete transcript(s) of grades (including grading scale)
- ☐ Copy of Student Aid Report (from FAFSA application including Expected Family Contribution (EFC) )
- ☐ Letter of recommendation from your principal or faculty adviser (first time applicants only)
- ☐ Personal letter, 200 words or less, indicating the reasons for your selected major, why you should be considered for this scholarship, and your plans for the future (Not required for the **Elsie B. Moore Award** applicants)
- ☐ Copy of birth certificate (**H. Fletcher Brown Award** applicants only)

All materials, including transcript, must be addressed to:

**PNC Bank Delaware (DE) Scholarships**  
Scholarship America  
One Scholarship Way  
Saint Peter, MN 56082

**For Elsie B. Moore award applicants only, please include:**

- ☐ Copy of MCAT test scores and Letter of Acceptance into Medical School
- ☐ Letter outlining your professional aspirations and explaining how you plan to finance your medical education
- ☐ Have one copy of your Pre-Professional Committee Evaluation mailed directly from your college. If your college does not have such a Committee, send three additional letters of recommendation from faculty members
- ☐ A copy of your current Delaware license

**Postmark deadline April 1**

**CERTIFICATION**

The Selection Committees have the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship America and PNC Bank, N.A. as Trustee. (It is recommended you keep a copy for your files.)

*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, including an official transcript of grades. Falsification of information may result in termination of any award granted.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required if applicant is under the age of 18)

Financial Statement (Page 1 of 2)

Must be completed by all students who are applying or reapplying to the Howard & Edna Postles Scholarship and the Hearn Educational Fund. All questions must be answered with specific figures provided. All information is confidential.

Section A.

Applicant's name: \_\_\_\_\_

Father

Mother

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Place of Employment

\_\_\_\_\_  
Place of Employment

\_\_\_\_\_  
Annual Income

\_\_\_\_\_  
Annual Income

\_\_\_\_\_  
Number of Dependent Children

\_\_\_\_\_  
Number of Dependent Children

\_\_\_\_\_  
Value of Home

\_\_\_\_\_  
Value of Home

\_\_\_\_\_  
Debt on Home

\_\_\_\_\_  
Debt on Home

Indicate any unusual family circumstances which make it difficult for the family to support the applicant's college education:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List assets of the applicant. Including checking, savings, stocks, bonds, mutual funds, etc.

\_\_\_\_\_

Have you applied for other scholarships, grants, or awards? If so, please list each of their names and approximate award amounts:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Financial Statement (Page 2 of 2)

The following section is to show the difference between the cost of one year of education at your chosen school, and all sources from which you will be receiving funds.

\$ \_\_\_\_\_ Cost for one year at \_\_\_\_\_

( \_\_\_\_\_ ) LESS: Parents or family's Contributions

( \_\_\_\_\_ ) Scholarship/Grant \_\_\_\_\_

( \_\_\_\_\_ ) Scholarship/Grant \_\_\_\_\_

( \_\_\_\_\_ ) Scholarship/Grant \_\_\_\_\_

( \_\_\_\_\_ ) Scholarship/Grant \_\_\_\_\_

( \_\_\_\_\_ ) Scholarship/Grant \_\_\_\_\_

\$ \_\_\_\_\_ Current shortfall

Section B.

**Reapplying Applicants only** (Howard & Edna Postles Scholarship & Hearn Educational Fund)

Please list other forms of Financial Aid received last year:

\_\_\_\_\_  
\_\_\_\_\_

Are these renewable? Yes \_\_\_\_ No \_\_\_\_

If yes, at what level?

\_\_\_\_\_

Did your receipt of the Howard and Edna Scholarship or the Hearn Educational Fund result in the reduction of any other awards? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Section C.

CERTIFICATION: I/We certify that the information given herein is true and correct.

Signatures:

_____	_____
	Father/Date
_____	_____
Applicant/Date	Mother/Date