

ParkWest Town Center PARKWEST Scholarship Award 201>
Enter for a chance to win \$2,500

VIN \$2,5 VOLU YOU AND WILLIAMS YOU The section of semiors will be awarded ... You could be one of them!

Winners can use the money for tuition, books, or cash - it's your choice!

• • • • • A Celebration of Community • • • • •

Details in attached Application - due Friday, April 21, 2017

For more info contact: Vanessa Lonev 848.525.4717 or vloney@goldenberggroup.com

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APPLICATION FOR CONSIDERATION OF A \$2500 EDUCATIONAL AWARD PARKWEST TOWN CENTER SCHOLARSHIP 2017

To qualify you must:

- Be a current high school senior on track to graduate in May/June 2017
- Have been accepted by an institution of higher learning and beginning the Fall 2017 semester (college, university, trade school)
- Live or go to school in our 'Target Area' (see attached map)
- Have demonstrated a commitment to improving your community (through involvement in school, home, faith center, neighborhood groups OR as an individual)
- Be available to accept your award at the FESTIVAL @ ParkWest Town Center on June 3, 2017

Completed applications and recommendations are due <u>Friday</u>, <u>April 21st</u>, <u>2017</u> and <u>must be submitted directly</u> from recommenders and schools.

Completed applications must have:

- Completed and *signed* application form (including two short answer questions on page 3)
- Official School Transcript or last two years' report cards
- □ Acceptance and/or Award Letter(s) from proposed institution of study
- □ Two Letters of Recommendation

Please complete the attached application and return by email or mail. Applications may be emailed as an attachment to vloney@goldenberggroup.com. Applications being mailed must be addressed to ParkWest Town Center Scholarship Committee (630 Sentry Parkway, Suite 300, Blue Bell, PA 19422) and received no later than Friday, April 21st, 2017.

If you have any questions about the application or eligibility, please contact Vanessa Loney at 848-525-4717.

If you are handwriting this application, please print carefully and clearly. Applications with illegible handwriting will not be considered.









PARKWEST TOWN CENTER SCHOLARSHIP 2017

| Applicant/Student Data: | | | |
|--|--|--|--|
| Name | | | |
| Address | | | |
| City, State, Zip | | | |
| Phone (Please circle your preferred number): Student Home: Student Cell: | | | |
| Email Address: | | | |
| Reside within target area (see attached map) Yes No | | | |
| Attends High School within target area (Check Only One) Mastery Charter Shoemaker Overbrook High School Parkway West High School | | | |
| Gender: ☐ Male ☐ Female ☐ Prefer not to answer | | | |
| Present Grade Level: | | | |
| Cumulative Grade Point Average: □ A □ B □ C □ D or Below If your GPA is less than a "B" please explain why. | | | |
| Please use a separate page if you need more space. | | | |
| Parent(s) or Guardian(s) Information: If parents/guardians have separate addresses or phone numbers, please provide information for each parent or guardian. Name(s): | | | |
| Address: | | | |
| Phone: | | | |
| (Home, work, cell) Please note preferred number. | | | |
| Email: | | | |









Eligibility

| Please initial the fo | following: | |
|-----------------------|---|---|
| | am currently a high school senior (12 th grade) and am on track to graduate at a ademic year. I have been accepted/am already enrolled in an institution to fulfall of 2017. | |
| | selected, I will use the award toward my educational expenses in the coming to the institution of higher learning unless discussed, in advance, with the PV e. | • |
| Student signature | Date | |









Short Answers

| Please answer BOTH questions below |
|------------------------------------|
|------------------------------------|

| Please | answer BOTH questions below. |
|--------|---|
| 1. | How have you made a positive impact in your community? Include details about your role and highligh leadership you currently provide or have provided in the past. |
| | |
| | |
| | |
| 2. | Please describe a problem you'd like to help resolve in your community. How will your secondary education better equip you to be a part of the solution? |
| | |
| | |
| | |
| | ONAL: Please list additional information you believe will impact the committee's decision. For example ou faced particular challenges in your life? Have you received other awards or acknowledgements? |









Letters of Recommendation

Please provide two letters of recommendation. At least one letter must be from a teacher or school counselor. Letters must be **sent from recommender directly to the PWTC Scholarship Award Committee** to the email address or mailing address referenced above. If your recommender has any questions, he/she is welcome to contact Vanessa at vloney@goldenberggroup.com.

Statement of Truth

- 1. The information submitted on this application is true, accurate and complete, to the best of my knowledge.
- 2. I understand that a representative of the ParkWest Town Center Scholarship Award committee may ask me to confirm or verify the information I've disclosed in this document during the application process.
- 3. I understand that if any of the abovementioned information is determined to be incomplete or untrue, at the sole discretion of the ParkWest Town Center Scholarship Award committee, I will be ineligible for consideration of the award.

| Student signature | Date |
|-------------------|------|

