

**THE PAUL HYLAND HARRIS MEMORIAL SCHOLARSHIPS**

Administered by

**PNC BANK, N.A.**

**APPLICATION FORM**  
(Please print or type)

Name \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Permanent Home Address \_\_\_\_\_  
(NUMBER AND STREET) (CITY OR TOWN)

\_\_\_\_\_  
(COUNTY) (STATE) (ZIP CODE)

Date of Birth \_\_\_\_\_ Age last birthday \_\_\_\_\_  
(MONTH) (DAY) (YEAR)

How long a resident of Crawford, Warren, or Venango County? \_\_\_\_\_ Sex \_\_\_\_\_

Father's full name \_\_\_\_\_ Is he living? \_\_\_\_\_

His address \_\_\_\_\_

His occupation (be specific) \_\_\_\_\_

For whom does he work? \_\_\_\_\_

Mother's full name \_\_\_\_\_ Is she living? \_\_\_\_\_

Her address \_\_\_\_\_

Her occupation (be specific) \_\_\_\_\_

For whom does she work? \_\_\_\_\_

Brothers: Number \_\_\_\_\_ Ages \_\_\_\_\_

Sisters: Number \_\_\_\_\_ Ages \_\_\_\_\_

Name of parent or legal guardian who supports you \_\_\_\_\_

If you have listed someone other than your father or mother as the person who supports you, please give the following information:

Address \_\_\_\_\_

Relationship to you \_\_\_\_\_

Occupation \_\_\_\_\_

Have you ever received or applied for financial aid for your college education? \_\_\_\_\_

If so, from what sources? \_\_\_\_\_

List all schools you have attended in chronological order.

Names of School	City or Town	Dates of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____

What course of study (major) do you plan to follow in college? \_\_\_\_\_

Why the above choice? \_\_\_\_\_

Do you plan on graduate or professional school after college? \_\_\_\_\_

What are your hobbies and recreational activities? \_\_\_\_\_

List the college or university of your first choice (Allegheny College – Harvard University)

\_\_\_\_\_

CITY	STATE	ZIP
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Do you plan to live on campus or commute? \_\_\_\_\_

List three (3) extra – curricular or community activities (do not include jobs) in their importance to you. (Athletics, student government, church groups, orchestra, 4-H, Red Cross, etc.)

Activity	Dates of Participation	Hours Spent Weekly	Positions Held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How have you spent your last two summer vacations? \_\_\_\_\_

1. \_\_\_\_\_ 2. \_\_\_\_\_

What do you feel has been your greatest achievement? \_\_\_\_\_

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

Please list jobs, including summer work, which you have held in the past two years.

Job	Employer	Dates of Employment	Number of Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***BE SURE YOU COMPLETE THE NEXT PAGE***

In the following space please give us as complete a picture of yourself as possible. Write in terms of past experience and future plans. Comments on your educational and vocational goals and factors influencing your selections of those goals would be most helpful. If you need more space, use additional sheets.

In connection with this application for a Grant for a scholarship from this Scholarship Program, the Paul Hyland Harris Memorial Scholarships, I hereby authorize that Committee serving this program to request from any College attended by me information, transcripts, and other records concerning me deemed necessary by the Committee in connection with the administration of this Financial Aid Program, and I authorize any such College to submit to the Committee any information, transcripts and other records concerning me which may be requested by the Committee.

I hereby also agree to report IN WRITING to the Secretary of this Scholarship Fund any financial aid I may receive in addition to any possible grants from this fund and to make this report immediately after I am notified of each such additional grant. I am fully aware that if I FAIL to make such reports no further applications for grants will be considered by the Committee.

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(DATE)

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(SIGNATURE OF APPLICANT)

**To be signed and returned to the Secretary with your Application Form:**

**To the Scholarship Program Committee:**

In connection with my application for a grant for a scholarship from this Scholarship Program, The Paul Hyland Harris Memorial Scholarship, I hereby authorize the Committee serving this program to request from any College attended by me information, transcripts, income tax returns and other records concerning me deemed necessary by the Committee in connection with the administration of this Financial Aid Program, and I authorize any such College to submit to the Committee any information, transcripts, income tax returns and other records concerning me which may be requested by the Committee.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

**To the Scholarship Program Committee:**

In connection with my/our child's application for a grant for a scholarship from the Scholarship Program, The Paul Hyland Harris Memorial Scholarships, I/we hereby authorize the Committee serving this program to request from any College attended by my/our child information, income tax returns and other records concerning me/us deemed necessary by the Committee in connection with the administration of this Financial Aid Program, and I/we authorize any such College to submit to the Committee any information, income tax returns and other records concerning me/us which may be requested by the Committee.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

