

THE PAUL HYLAND HARRIS MEMORIAL SCHOLARSHIPS

Administered by

PNC BANK, N.A.

STUDENT AND COLLEGE REPORT

(Please print or type)

Student Report

The Scholarship Committee for your sponsored scholarship annually reviews the records of scholarship holders. The questions are designed to provide information for the Committee. Your answers will be divulged only to the members of the Committee.

Please complete pages 1 and 2 of the form. When you have done so, return to the Office of Financial Aid in Schultz Hall.

Name _____
(LAST) (FIRST) (MIDDLE)

Permanent Home Address _____
(NUMBER AND STREET) (CITY OR TOWN)

(COUNTY) (STATE) (ZIP CODE)

Name of College or University in which you are enrolled (Allegheny College – Harvard University)

Will you be attending the same school for the next academic year? _____

Major in College or University? _____

If undecided, indicate that fact, _____

How many semesters or terms have you completed to date? _____

Please write a brief account of what you have done since last June, including summer activities, academic work, extra-curricular activities and so forth.

Describe academic honors and extra-curricular distinctions which you have achieved in college.

What circumstances, if any, have prevented your doing as well as you might otherwise have done in your college work?

(DATE)

(SIGNATURE OF APPLICANT)

STUDENT AND COLLEGE REPORT

College Report

The student named on page 1 is a sponsored scholarship holder. The Scholarship Committee of the sponsor annually reviews the record of scholarship holders. We are asking you to provide an evaluation of this student based on their record through the current academic year.

Please complete pages 3 and 4 of this form and return it along with an official transcript to the Secretary, The Paul Hyland Harris Memorial Scholarship.

In your judgment, how does this student's present academic standing compare with that of all members of their group?

_____ Top Quarter

_____ Third Quarter

_____ Second Quarter

_____ Fourth Quarter

With what group are you comparing the student in making the rating? (e.g., sophomore students in engineering; freshmen students in liberal arts).

If you can estimate their rank exactly (e.g., top 1%, to top 10%) we would appreciate that estimate also _____

If the exact ranks have been computed, please indicate the student's rank here:

Student ranks _____ (1 is the highest rank) in a group of _____ students.

Numbers of terms or semesters on which the ranks are based: _____

Group on which ranks are based: _____

If this student was holding a scholarship awarded by your college, how would you rate the student on the following points?

1. How does the student's academic standing compare with that required for renewal of such a scholarship of your college?

- _____ a. Considerably below required standards.
_____ b. Somewhat below required standards.
_____ c. Somewhat above required standards.
_____ d. Considerably above required standards.

If you have checked "a" or "b" are there any factors which, in your judgment may help to explain this student's relatively poor performance?

2. How would you describe his conduct, character, and personal qualities?

- _____ a. Below standards expected of a scholarship holder
_____ b. Entirely satisfactory for a scholarship holder
_____ c. Outstanding

3. All things considered, would you recommend the renewal of this student's scholarship?

- _____ a. Would not recommend
_____ b. Recommend with reservation
_____ c. Recommend without reservation

If you have checked "a" under 2, or "a" or "b" under 3, please supply any information which may be helpful in evaluation this student.

(DATE)

(SIGNATURE)

(TITLE)

This form is for your use in continuing to seek financial assistance from this Scholarship Program. Please fill out and return promptly.

THE PAUL HYLAND HARRIS MEMORIAL SCHOLARSHIPS

PNC Bank, N.A.

Name _____
(LAST) (FIRST) (MIDDLE)

Permanent Home Address _____
(NUMBER AND STREET) (CITY OR TOWN) (ZIP)

(COUNTY) (STATE)

Where enrolled (Allegheny College – Harvard University) _____ Live on _____
Live off _____
Commute _____

Will you be returning there next year? _____

Your Major? _____ If undecided, indicate fact _____

Your grade average for last semester or term _____ Cumulative Average to date _____

How many semesters have you completed to date? _____

How many more to complete your course of study? _____

What Financial Aid did you receive last year ? (Pheaa, PELL, etc. List all)

| Scholarship/Grants | Amount | Loan/Work | Amount |
|--------------------|--------|-----------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

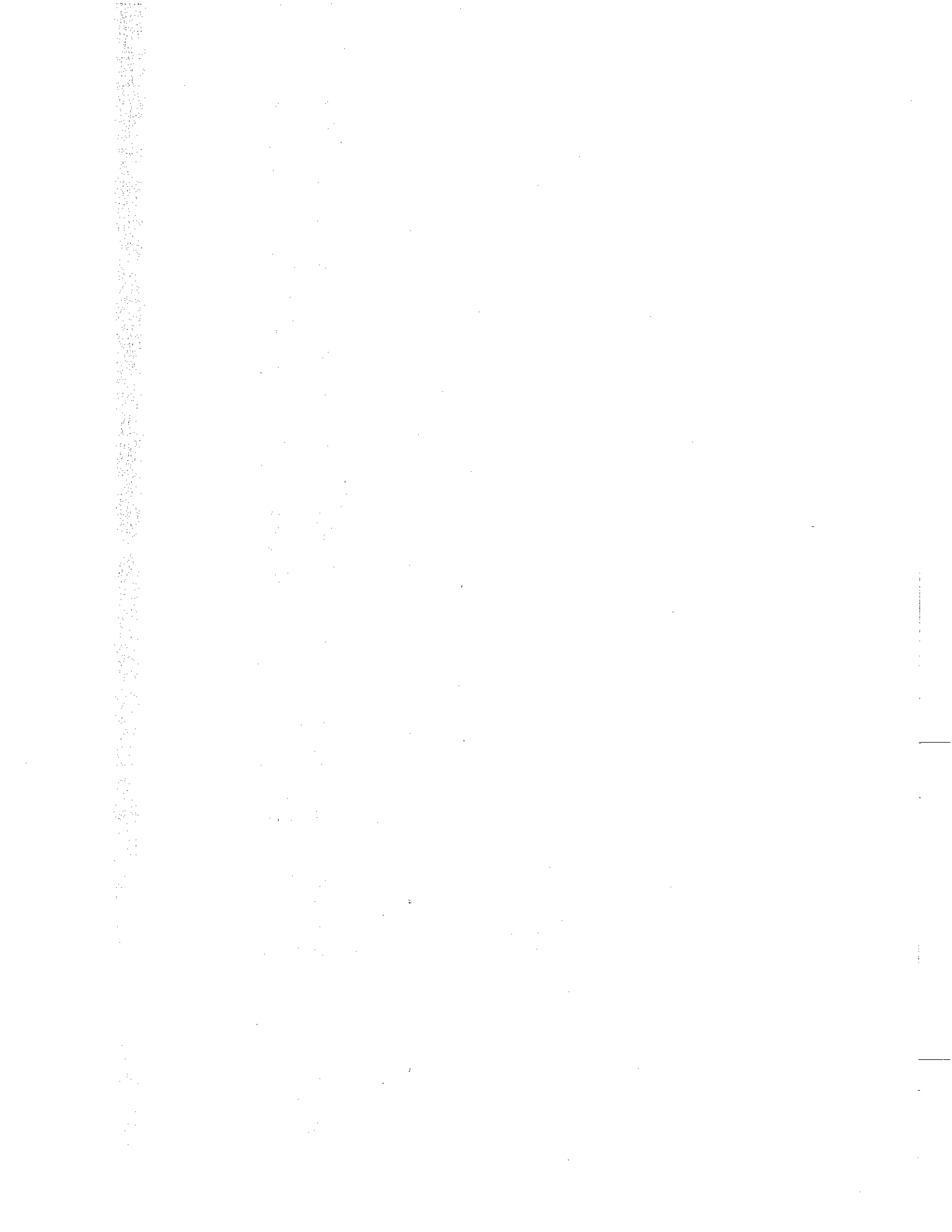
In connection with this application for a grant for a scholarship from The Paul Hyland Harris Memorial Scholarships, I hereby authorize the Committee serving this program to request from any College attended by me information, transcripts and other records concerning me deemed necessary by the Committee in connection with the administrations 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 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.

(DATE)

(SIGNATURE OF APPLICANT)

Any pertinent information you believe is not covered above regarding your request for this Scholarship.



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

