## Care for Community Scholarship

Funded by: SM Livingstones, LLC

The purpose for the Care for Community Scholarship is to reward three graduating seniors from our nearby community with \$500.00 towards expenses for post-secondary education. SM Livingstones values hard work, dedication, and service to others, thus applicants will be judged based on those merits. Financial need will also be a determining factor. Graduating seniors who attend high school at Cambria Heights, Penn Cambria, or Biship Carroll, and would like to apply should complete the following steps:

- 1. Fill out pages 2-4 of this application with all relevant information.
- 2. Gather two letters of recommendation from individuals who have observed your hard work, dedication, and/or service to others.
- 3. Use page 5 to request official transcripts from your school district. The transcripts can be added to this application or sent directly to the address given on the form.
- 4. In essay form, using no more than 400 words, describe why you feel like you deserve this scholarship and how the money will help you achieve your short-term goals.
- 5. Send completed pages 2-4, your two letters of recommendation, your high school transcripts (unless sent separately by the school), and your essay to the following address by May 2, 2024:

SM Livingstones, LLC
c/o Mike Funicelli, Scholarship Chairperson
2024 Black Snake Rd.
Dysart, PA 16636

## Care for Community Scholarship Application

## Personal Information

Legal Name:			
Address:			
Home Phone:			
Cell Phone:			
E-mail Address:			
Upon receipt of you	r application, should I to	ext, call, or email (ch	eck any that apply)?
	Text Cell _	E-mail	Call Home
Parents Names:			
Educational Data			
High School:			
Graduation Date:			
0 11 m 1 0			-
College or Trade Sc	chool you plan to attend:		
College or Trade Sc			

Extracurricular Information		(Use the extra s	(Use the extra space on page 4 if needed)	
Please list any jobs y	you have held wh	nile in high school:		
Employer	Location	Position/Duties	Date(s)	
		s, or sports in which you	ou participated. Please	
Activity	Years of	Participation	Leadership (if any)	
		ou completed while in h	igh school. Please list	
Group/Organization	D	outies Performed	Hours Logged	

$Please\ list\ any\ references\ for\ people\ who\ would\ recommend\ you\ for\ this\ scholarship:$				
Name	Relationship to Studen	t Phone Number/Email		
Use this section	for extra space if needed for any	of the above questions, or feel free		
to add any inforr	mation that may set you apart fro	om other applicants:		

## HIGH SCHOOL TRANSCRIPT REQUEST FORM

The following student is a candidate for the Care for Community Scholarship funded by SM Livingstones, LLC. The selection committee requests an official transcript of his/her school records. Your prompt attention to this matter is greatly appreciated.

(Student's name)	
I give permission for my child's school records to be released to the Care formunity scholarship committee for scholarship consideration.	or
(Parent signature)	

Transcripts can either be given back to the student to be attached with their application, or be mailed by the school directly to:

SM Livingstones, LLC c/o Mike Funicelli, Scholarship Chairperson 2024 Black Snake Rd. Dysart, PA 16636