

**SCHOLARSHIP APPLICATION FOR  
2020 COMMUNITY ASSISTANCE GRANT  
PROGRAM COVER**

**Applications must be submitted by 5:00 pm on April 1, 2020**

**TO BE COMPLETED BY HIGH SCHOOL SENIOR STUDENT**

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**PURPOSE OF THE BOARD OF COMMUNITY ASSISTANCE:**

To advise the Board of Supervisors on providing financial assistance and support to non-profit and 501 (c) organizations and groups with monies received from the Valley Forge Casino Resort who propose projects and plans having a direct impact on the community and residents of Upper Merion Township and to provide college scholarships to noteworthy high school seniors.

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**TIMETABLE FOR PUBLICITY AND ACCEPTING APPLICATIONS:**

- Relaunch program 120 days prior to date applications are due December 1, 2019  
UMGA-TV can scroll or use a banner providing information that applications to the BCA are being accepted for the 2020 program.
  - Publication of notices to announce applications are available- December 1, 2019
  - Applications are due April 1, 2020.
  - Review applications from April 2 – May 2, 2020
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- Announce and notify award recipients by end of May, 2020
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**MAIL COMPLETED APPLICATION BY CLOSE OF BUSINESS (5:00 pm)  
on APRIL 1, 2020 TO:**

Board of Community Assistance  
c/o Office of the Township Manager  
Upper Merion Township  
175 West Valley Forge Road  
King of Prussia, PA 19406

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Rev. 5/8/2013	7/23/14
Rev. 11/13/2013	9/29/15
Rev. 1/27/2014	9/7/16
Rev. 5/2/2014	10/29/18
Rev 10/16	11/06/2019

**STUDENT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**TOWNSHIP:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

Name of Father, Stepfather, or Male Guardian: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_

Name of Mother, Stepmother, or Female Guardian: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_

List all other scholarship(s) that you have applied for or expect to apply for.

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

If you are currently anticipating receiving student aid, please identify the source, amount and duration of the award.

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

Secondary School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_ Ranking in Class: \_\_\_\_\_

The approximate number of students in graduating class: \_\_\_\_\_

List any special honors, prizes or recognition you received from your school:

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List extracurricular school activities you were engaged in during secondary school years: music organizations, athletics, publications, etc. Indicate the year or years you participated.

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Are there any special circumstances that the Board of Community Assistance should consider? Please describe and explain.

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**COMMUNITY SERVICE PROJECT**

You are required to submit with this application a project plan which includes a minimum of 15 community-service hours that you WILL perform if granted a BCA scholarship. The project must be enacted after June 1<sup>st</sup>. You cannot submit a past community service project already completed or near completion. (For example, senior graduation projects cannot be used as the community service you intend to use as your proposed BCA project). However, any prior community-service can be included in the application to demonstrate student's character, but will not be considered as the proposed project.

In your project plan, please describe and explain how you expect to fulfill this obligation, including whether your community service will be performed OUTSIDE or WITHIN Upper Merion Township. **Please attach a letter from the person/ organization acknowledging cooperation with your project.**

The BCA will award a scholarship based on the merit of the application. The dollar amount of the scholarship awarded will dictate the minimum number of hours required to receive the scholarship as detailed in the following section (e.g., If the BCA grants the student \$3,000, they must complete 30 hours of relevant community service). **Do not base your community service project plan by hours yet to be performed**

**Community Service Commitment:**

If awarded a scholarship of:

- \$7,000 - \$10,000 you must complete 50 hours of your planned project
- \$5,000 - \$6,999 you must complete 40 hours of your planned project
- \$3,000 - \$4,999 you must complete 30 hours of your planned project
- \$1,500 - \$2,999 you must complete 20 hours of your planned project
- \$1,000 - \$1,499 you must complete 10 hours of your planned project

As part of receiving the BCA Scholarship, you are agreeing to submit a letter from the organization that is monitoring your progression certifying completion of the required number of hours by **December 31<sup>st</sup> of the year the award is granted.**

If your plan does not involve an organization, please send your completed hours with a letter of verification from a responsible adult, and pictures to show your service by December 31st.

Please acknowledge whether you are willing to agree to comply with this requirement of implementation of your community service project.

YES \_\_\_\_\_ NO \_\_\_\_\_

Name of College or University you plan to attend (if undecided, please note undecided and kindly contact the Township when you make a decision, so the BCA members can be informed of your choice):

\_\_\_\_\_

Name

\_\_\_\_\_

Address

What general course of study do you plan to take? \_\_\_\_\_

Please estimate your annual college expenses for:

Tuition:	\$ _____
Room and Board:	\$ _____
Books & Fees	\$ _____
Total:	\$ _____
Minus College Grants	\$ _____
Minus Scholarships	\$ _____
Minus Other Funding	\$ _____
Minus Loans	\$ _____
Net Total:	\$ _____

**Please attach the following Required documents to your application:**

- (1) Transcript of secondary school scholastic record.**
- (2) Letter of Recommendation to be signed by your teacher(s), principal or guidance counselor.**
- (3) Copy of college/university acceptance letter.**
- (4) Financial Aid Cover Letter**
- (5) A signed letter by the recipient of your project acknowledging they have approved the project and will accept your work**

**WAIVER:** The Board of Community Assistance will be publicly discussing your personal information as submitted with this scholarship application (grades and other matters). Please sign the release below.

**Applicant:** \_\_\_\_\_

**Parent or Guardian (if applicant is under 18):** \_\_\_\_\_

**CERTIFICATION:**

I hereby certify that the information contained in this application for Community Assistance is correct to the best of my knowledge.

I hereby certify that I have read the Board Policy related to the Board of Community Assistance and Disbursement Guidelines and fully acknowledge that I understand the policy and guidelines set forth.

I hereby certify that I am a high school senior in good standing and qualified and eligible to submit Part II of the Application for Community Assistance.

Further, I hereby authorize Upper Merion Township to investigate the truthfulness of all information which I have provided in this application. I understand that my misrepresentation or omission of information requested in this application may be cause for disqualification.

Date: \_\_\_\_\_

Signature of High School Senior: \_\_\_\_\_

Signature of Parent or Guardian (if under 18): \_\_\_\_\_