

NOTIFICATION OF INTENT TO APPLY

Please fax, mail, or email this notification form to the address given below. This will alert the Scholarship Committee to expect an application from you. The Scholarship Committee will place this notification on file. Your application must be completed by April 15th.

Name:			
Mr. /Ms	First	M.I.	Last
Please contact me regarding	g questions on my application a	t the following:	
<u>Address</u>			
Street:			
City:	State:		Zip Code:
Home Phone:		School Telephone	e:
Cell Phone (if available):			
E-Mail:			

Return this form to:

Accudyn Scholarship Committee c/o Accudyn Products, Inc. Attn: Human Resources 2400 Yoder Drive Erie, PA 16506 (814) 833-7615 (814) 833-3254 (fax)





ACCUDYN PRODUCTS, INC. SCHOLARSHIP PROGRAM

Instructions: Type or print application information clearly.

<u>All</u> of the following information must be received in order to qualify scholarship consideration:

- 1. Application Form
- 2. <u>Current Official Transcript of Grades</u> (of <u>all</u> high schools and colleges attended)
- 3. <u>Two (2) Reference Forms</u> (enclosed)
- 4. Official SAT or ACT Scores
- 5. <u>Income Verification</u> (copy of parent's most recent tax return front page only)

*We will accept SAT and ACT scores that are (a) sent directly from the testing service, (b) on an official high school or college transcript, or (c) sent to us directly by the student on the official testing service report form.

Please make sure that you have completed all parts of the application and have obtained the proper signatures for each section. Keep a copy of this application and supporting materials for your files.

All information must be submitted to The Erie Community Foundation by <u>April 15th</u>. It is the applicant's responsibility to check with The Erie Community Foundation regarding the completeness of the application file. Incomplete applications will not be reviewed.

Return the completed application and any correspondence to:

The Erie Community Foundation Accudyn Scholarship Committee 459 West 6th Street Erie, PA 16507

(814) 454-0843

Application information will be used solely for the purpose of selecting participants and administering the program. Disclosure of this information is made subject to Public Law 93-579 (the Privacy Act of 1974) and U.S. Department of Energy Regulations as published in the Federal Register on September 30, 1977, ff.

ACCUDYN APPLICATION FORM

Inte	ended Course of Stu	idy:					
1.	Name: (Mr./Ms.)						
	(Mr./Ms.)	First	Middle	Last			
2.	Social Security Nur	mber :					
3.	Employee of Accur	dynyes no	Dependant of Ac	cudyn Employeeyes no			
4.	Name of Employee)					
- -							
	UCATION INFORMATIO						
5.	SAT Scores: and/or	VerbalMath	Reading	Total			
	ACT Scores:			ading Science			
				national composite			
(O	fficial scores must be	e submitted in order for th	is application to be cor	nplete)			
6.	Undergraduate/Hig	h School: Current Cumula	ative GPA	(based on 4 pt. scale)			
7.	University	Degree	Major	Award Date			
	List all previous un	iversities or colleges atter	nded.				
	Official transcripts must be included to complete the application.						
Ва	CKGROUND INFORMAT	FION					
8.	Address: () Home	e () School (check one)					
	Street or Box Numl	ber:					
	City:	State:_		Zip:			
	Home Telephone:_		_School Telephone:				
	Cell Phone (if avail	able):					
	E-Mail:						

9.	Are you a U.S. Citizen? Yes ()	No ()
	If not a U.S. Citizen:	
	Country of Citizenship:	Birthplace:
	Visa Type:	Expiration:
10.	Have you ever applied for the Accudyn Products, Ir Yes () No ()	nc. Scholarship in the past?
	If yes, when?	
11.	Extracurricular Activities List all technical societies, school and service organizati	ons. Include offices held.
12.	Academic Awards and Honors List all important pre-college and undergraduate honors	and awards.
13.	Employment Record List current and/or most recent employment first. Give of	organization name and job title.
14.	faculty members who are familiar with your current ac	preparation and your technical capabilities, preferably rademic work. Please have these individuals send the nity Foundation. A reference may be returned with the elope with the reference's signature across the seal.
	1)	
	2)	

Course Title and Number	Hour <u>s</u>
Example: Engineering 101	4
Planned Courses	
List all courses you plan to take prior to September.	
Ziot aii coalicco you pian to tano piner to coptember:	
Course Title and Number	<u>Hours</u>
Example: Engineering 101	4
Statement on Carper Cools and Chicatines	
Provide information on your plans. Include statements regarding w	hat your education means to you ar
Provide information on your plans. Include statements regarding w	
Statement on Career Goals and Objectives Provide information on your plans. Include statements regarding we this will influence your career plans. This statement is critical to cadditional sheets if necessary, but limit the statement to two pages.	
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15. Current Courses

(In providing this signature, the applicant recognizes that the Accudyn Products, Inc. and the Erie Community Foundation have the right to verify all information contained in this application. Any false or misleading statements made by the applicant may result in either the removal of the application or termination of a scholarship appointment.)

ACCUDYN PRODUCTS, INC. SCHOLARSHIP PROGRAM

CONFIDENTIAL REFERENCE FORM

Two reference forms are required for a complete application; please duplicate this form as needed. Please type or use blue or black ink.							
Applicant's First Name	Middle Name			Last Name			
How long and in what association have yo	u known the	e applicant	t?				
PERSONAL CHARACTERISTICS	Highest 10%	Highest 20%	Mid Level	Lowest 20%	Lowest 10%	Inadequate Observation	
Imagination and Originality of Thought							
Ability to Work with Others							
Leadership Potential							
Independence and Self-reliance							
Growth During Total Period Observed							
Motivation Toward a Productive Career							
Technical Expertise							
Ability to Communicate (Written/Oral)							
Add any descriptive comments that will assis abilities, and potential for success to perform applicants weak and strong points. Please do sheets if necessary. Comments:	n on a high	level at a c	college or	university.	Please c	omment on t	
Signature:			Da	ate:			
Typed/Printed Name:			Ti	tle:			
Address:							

Return this form to:

Erie Community Foundation Accudyn Scholarship Committee 459 West 6th Street Erie, PA 16507

Or fax to 814-456-4965

(814) 454-0843



Helping today... Shaping tomorrow.