

Office of Financial Aid
Phone: 717-871-5100
Fax: 717-871-7980

November 1, 2017

WILSON HIGH SCHOOL
ATTN GUIDANCE OFFICE
2601 GRANDVIEW BLVD
READING PA 19609

Dear Guidance Counselor:

Enclosed is the **2018-2019 Clarence Schock Foundation Scholarship Application** for students that are planning to attend Millersville University in the Fall of 2018. Please provide copies of this application to your students.

Applications are due to our office by 5pm on Friday February 23, 2018.

For more information, please contact our office at 717-871-5100.

Take care,



Abigail Gallelo
Scholarship Coordinator
Financial Aid Counselor
Millersville University

Enclosure

Millersville University

2018-2019 CLARENCE SCHOCK SCHOLARSHIP APPLICATION

DEADLINE: FRIDAY, FEBRUARY 23, 2018!

The Clarence Schock Foundation Scholarship is awarded annually to Millersville University freshmen on the basis of **scholastic record, financial need as determined by the Free Application for Federal Student Aid (FAFSA), and personal attributes**. Only high school graduates from counties served by the Clarence Schock Foundation are eligible. To be considered for the Clarence Schock Foundation Scholarship, you must meet the following criteria:

- 1) Be a legal PA resident and currently enrolled or a graduate of a secondary school in the following Pennsylvania counties: Adams, Berks, Chester, Cumberland, Dauphin, Delaware, Lancaster, Lebanon, and York.
- 2) Complete and submit the Clarence Schock Foundation Scholarship application by Friday, February 23, 2018 to:

Office of Financial Aid
Millersville University
P.O. Box 1002
Millersville, PA 17551-0302

3) **Complete and submit the 2018-2019 FAFSA by February 23, 2018.**

- a) The FAFSA can be completed online at: www.fafsa.ed.gov. It can be completed any time after October 1, 2017. Be sure to list Millersville University as a school to receive the information – our school code is 003325.

PLEASE NOTE: Determination of financial need will be based on figures as noted on the 2018-2019 Free Application for Federal Student Aid (FAFSA). **If those figures change, the Office of Financial Aid reserves the right to rescind the Clarence Schock Foundation Scholarship.**

STUDENT INFORMATION

Student's Name: _____ MU ID #: _____

Address: _____

Telephone Number: (_____) _____ - _____ Date of Birth: _____

Student's State of Legal Residence: _____

Are you a U. S. Citizen? (check one) Yes, I am a U.S. Citizen No, but I am an eligible non-citizen.

STUDENT EDUCATIONAL INFORMATION

High School Name: _____ Date of High School Graduation: ____/____/____

County (circle one): Adams Berks Chester Cumberland Dauphin Delaware Lancaster Lebanon York

STUDENT SIGNATURE

By signing this document, I certify that all of the information provided above is accurate to the best of my knowledge. I also certify that my secondary school and my legal residence are within one of the following Counties in Pennsylvania: Adams, Berks, Chester, Cumberland, Dauphin, Delaware, Lancaster, Lebanon, or York Counties.

Student Signature: _____ Date: _____

APPLICATIONS THAT ARE INCOMPLETE OR RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED