

**Marguerite E. Swartz  
Scholarship Application  
(STUDENT APPLICATION)  
Wilson School District**

Marguerite E. Swartz, a 1937 alumna of Wilson High School, passed away in 2001 and bequeathed a substantial amount of money to be used for scholarships for Wilson graduating seniors as well as alumni. The Marguerite E. Swartz Scholarship was first offered in 2002 and is annually offered to applicants. The amount available for distribution will be determined later and will be paid over four years for higher education. Criteria to be considered by the scholarship committee are (1) financial need, (2) academic standing (at least an 80% average), and (3) character.

**Program Eligibility:** The Marguerite E. Swartz Scholarship program has been provided by a fund established with the Berks County Community Foundation by Mrs. Swartz, a Wilson High School graduate. To determine if you qualify, please check the appropriate responses:

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**Print Applicant Name**

1. My cumulative grade average is 80% or above: Yes \_\_\_ No \_\_\_
2. I attended only the Wilson High School each year in grades 11 & 12: Yes \_\_\_ No \_\_\_
3. I have completed the entire application form, including the financial portion: Yes \_\_\_ No \_\_\_
4. My family's adjusted gross annual income from the latest Federal tax return is: \_\_\_\_\_
5. I have applied and /or been accepted to the following non-proprietary, technical, community, or four-year colleges or universities:

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**Have you answered "No" to any of the questions above?**

*If you have answered "No" to any of the questions above, you are probably not eligible for a Marguerite E. Swartz Scholarship. If you feel your situation is an exception, please send this application form with a cover letter to the Berks County Community Foundation at the address below, explaining in detail any special circumstances that should be considered regarding your application and eligibility.*

**Please complete the following essays (Attach separate document):**

1. Describe your future plans. (Include the college you will be attending and your proposed major/field of study as well as long-range plans).
2. Describe the reasons why you should be given consideration for this scholarship.

Berks County Community Foundation employees, board members and/or committee members are not eligible to apply for or be nominated for a scholarship offered by Berks County Community Foundation, nor are their immediate family members. However, immediate family members are eligible to be nominated and recognized as the recipient of a scholarship, but without the financial award of the scholarship. Immediate families include spouses; children, stepchildren, grandchildren, stepgrandchildren, and their respective spouses; siblings and their spouses; and ancestors. The ineligibility period for Berks County Community Foundation board members or employees and their family members extends five years after board service or employment terminates. The ineligibility period for committee members who are not Berks County Community Foundation staff or board is in effect only during their term of service and is only related to the committee on which they make decisions.

**Note: The winner(s) of the Marguerite E. Swartz Scholarship will be announced at the Wilson High School commencement ceremony.**

**Marguerite E. Swartz**  
**Scholarship Application**  
(STUDENT APPLICATION)

**Wilson School**  
**District**

Student/Applicant Name: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

*Please list a secondary contact below other than your parent or guardian:*

Contact Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

**STUDENT AND PARENT AFFIRMATION**

**Both student and parent or guardian must read the following statement and sign as indicated:**

*We affirm that the information provided on this application is accurate to the best of our knowledge. We understand that misrepresentations may constitute fraud, which may result in the loss of eligibility for this scholarship, or which may have other legal consequences.*

Signature of Student \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Steps to returning this application:

1. Make sure all requested information is filled out in its entirety – **PLEASE TYPE**
2. Arrange the application in this order:
  - Cover Sheet
  - Signature page (this page)
  - Resume
  - Essay sheet(s)
  - Suggested Parent Contribution Questionnaire
3. Mail the application and all attachments in one envelope to the address listed below

**Deadline Date:**

**Applications must be postmarked no later than the deadline of April 3, 2018.**  
**Berks County Community Foundation, 237 Court St., Reading, PA 19601**

## Marguerite E. Swartz Scholarship

### SAMPLE RESUME

**Full Name**  
**Address**  
**City, State, Zip**  
**Phone**  
**e-mail**

**Career Goals:**

**Education:**

**Activities** List academic awards first, then clubs and finally, sports. Include year of  
**And Awards:** participation, leadership positions and awards related to the activity.

**Community  
and Service  
Activities:**

**Work  
Experience:**

**Father's Name and Address:**  
**Fathers' Employer:**  
**Father's Job Title:**

**Mother's Name and Address:**  
**Mother's Employer:**  
**Mother's Job Title:**

**This page is signed by the parent and student to indicate that all information is complete and accurate and to grant the release of the student's transcript for the review of scholarship and award committees.**

**Parent's signature** \_\_\_\_\_

**Student's signature** \_\_\_\_\_

**SUGGESTED PARENT CONTRIBUTION QUESTIONNAIRE (SPCQ)©**  
for 2018-2019 college year

**Student App 3 of 3**  
Marguerite E. Swartz Fund

\*See reverse side for instructions to assist in completing this form

**A. STUDENT INFORMATION – please print**

Mr.  Ms. **STUDENT** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Permanent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address: \_\_\_\_\_

**Note: The SPCQ should be completed using the parent's financial information (Section B)**

**B. PARENTS' INCOME, EXPENSE, AND ASSET DATA (FOR THE YEAR JANUARY 1, 2017 TO DECEMBER 31, 2017)**

The applicant's parent(s) must complete the following section. **NOTE:** If legally classified as an independent student, use this section to supply your (and your spouse's, if any) financial information. Indicate whether the information is from:

- Estimates based on current income information to be filed by April 15, 2018
- A completed tax return - IRS Form 1040 filing date of April 15, 2018

1. State of Residence ..... \_\_\_\_\_
2. Adjusted gross income (IRS Form 1040 – Line 37) ..... \$ \_\_\_\_\_
3. Total federal tax paid (IRS Form 1040 – Line 63)..... \$ \_\_\_\_\_
4. Total income of father or self if independent student ..... \$ \_\_\_\_\_  
Total income of mother ..... \$ \_\_\_\_\_
5. Yearly untaxed income and benefits: Please indicate source -  Social Security  AFDC  
 Child Support  Other \_\_\_\_\_ ..... \$ \_\_\_\_\_
6. Medical/Dental expenses not paid by insurance (exclude premiums)..... \$ \_\_\_\_\_
7. Total cash, checking, savings, cash value of stocks, etc. (exclude retirement plan funds, IRA, 401(k), 403(b), etc.) ..... \$ \_\_\_\_\_
8. Total number of family members living in the household and primarily supported by the reported income ..... # \_\_\_\_\_
9. Marital status of parent/legal guardian or independent student's current marital status is (check one):  
 Single  Married  Separated  Divorced  Widowed
10. Total number of family members attending a postsecondary school at least half-time during the 2018-2019 school year, including applicant – do **not** include parents in this number..... # \_\_\_\_\_

**C. STUDENT'S COLLEGE COST/OTHER SCHOLARSHIPS**

1. Annual cost of student's school (tuition, room and meals).....\$ \_\_\_\_\_
2. Other Scholarships/Awards/Grants student is receiving (excluding loans).....\$ \_\_\_\_\_  
List: \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**D. CERTIFICATION AND SIGNATURES**

**CERTIFICATION:** All information on this form is true and complete to the best of my (our) knowledge. If asked by an authorized official of Scholarship America, I (we) agree to give proof of the information that I (we) have given on this form. I (we) realize that this proof may include a copy of my (our) 2017 U.S. and/or state income tax return. I (we) also realize that if I (we) do not give proof when asked; the student may not receive aid.

\_\_\_\_\_  
Applicant's Signature

Parent's Signature  Father  Mother  
(Not required for independent student)  
Do you have legal custody of the student?  Yes  No  
Is the student your dependent?  Yes  No

## INSTRUCTIONS FOR COMPLETING THE SUGGESTED PARENT CONTRIBUTION QUESTIONNAIRE (SPCQ)

- A. STUDENT INFORMATION: The scholarship applicant's name should appear on the first line on the SPCQ; however, the questionnaire must be completed by the parents of the applicant. An exception is if the applicant is legally classified as an independent student. The independent student must supply his/her (and spouse, if any) financial information.
- B. PARENTS' INCOME, EXPENSE AND ASSET DATA: Information on this form must be from the parents' completed tax return or based on estimated information to be filed by April 15, 2018. Be sure to check the appropriate box.
1. **State of Residence** is the state where the parent(s)/independent student reside and pay state income tax.
  2. **Adjusted Gross Income** can be found on IRS FORM 1040 and is gross income increased or reduced by specific adjustments specified by law.
  3. **Total Federal Tax Paid** includes the total amount of **federal** income tax to be paid as reported on IRS Form 1040. This is **not** the amount withheld from employee's paychecks. (The amount withheld should be adjusted by any refund or additional taxes due.) Do **not** report state income tax.
  4. **Total Income of Parent(s)** should be reported individually. Provide information for both natural parents, when possible. **If the student resides with only one parent**, financial information **must** be received from the parent who claims the child as a dependent for tax purposes. If a parent has remarried, the spouse's information is required if the spouse is a legal guardian of the student, or claims the student as a dependent, or the student is included in the spouse's benefit plan. **If necessary, two Suggested Parent Contribution Questionnaires may be submitted by the student** (make copy of form as necessary).
  5. **Untaxed Income and Benefits** include any other income or benefits not included in the adjusted gross income figure. Do not include untaxed contributions to retirement plans.
  6. **Medical and Dental Expenses** include only those expenses **not** paid by insurance. Do not include premium payments.
  7. **Total Cash, Checking, Savings, Cash Value of Stocks, etc.**, include liquid assets that can be used for educational expenses. **Do not include** IRA, 401K, or other retirement plan funds.
  8. **Total Number of Family Members** living in the household and primarily supported by the reported income – includes dependent college students living away from home.
  9. **Marital Status** is the current status of the person from whom the financial information is submitted.
  10. **Total Number of Family Members Attending Postsecondary School** includes family members attending a two- or four-year college, university, or vocational-technical school at least half-time. Be sure to include the applicant in this number; however, do **not** include parents even if they are attending school.
- C.
  1. Annual cost of student's school, including tuition, room and meals.
  2. Scholarships/awards/grants student is receiving (excluding loans to be paid back). Also individually list the name of the award and the amount.
- D. CERTIFICATION AND SIGNATURES: Both the student and the parent completing the SPCQ must sign this form. Parent's signature is not required for an independent student. Please read the Certification box.