

**JOSEPH ROBERT MARCINEK, Jr. MEMORIAL  
SCHOLARSHIP  
UNIONTOWN AREA HIGH SCHOOL  
GUIDELINES**

1. The Joseph Robert Marcinek, Jr. Memorial Scholarship Fund will only be available for Uniontown High School seniors who:
  - a. Show academic promise (3.25+ GPA)
  - b. Involved in student activities (student government, or band etc.)
  - c. Be involved in a school sport (swimming, volleyball)
  - d. A display of leadership, citizenship, in a productive manner within society, which reflects self-discipline and motivation to goals larger than one's self.
2. Students who apply for the scholarship must complete an application form supplied by the school, including a brief essay about their academic performance, extracurricular activities, and need for the scholarship.
3. Students who apply must obtain one written reference from an adult and another from a Uniontown High School faculty member.
4. The student must attend an accredited technical/career school, college or university.
5. The amount the fund gives away each year may vary due to the decision of the Board of Directors.
6. The final selection of the scholarship winner will be decided, subject to the approval of the Board of Directors, and will be awarded on the High School's Award Night.
7. All applications and essays are due back to Mrs. Baker no later than April 16, 2018.

## JOSEPH ROBERT MARCINEK, Jr. MEMORIAL SCHOLARSHIP

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

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

\_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ SS# \_\_\_\_\_

Grade Point Average: \_\_\_\_\_ Rank in Class \_\_\_\_\_

To which colleges, universities, or career/technical have you applied and been accepted?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have been accepted, which one do you plan to attend?

\_\_\_\_\_

If you anticipate or have already received financial assistance or scholarship from any other sources, please list and describe them below including the amount:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a part time job: \_\_\_\_\_

Where? \_\_\_\_\_

On a separate sheet of paper describe your duties, hours, and pay. If you do not work please describe why.

List any extracurricular activities, volunteer work, and/or hobbies in which you engage or have engaged over the past three years, noting any special awards you may have received:

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Names of Parents/Legal Guardians and Occupation:

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Please list below any circumstances verifying economic need for this scholarship, including other siblings with their ages and status:

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Please remember to attach the following to this application, failure to do so will result in disqualification.

- A. Reference from an adult.
- B. Reference from a faculty member.
- C. Official copy of your Transcript.
- D. Your essay as described earlier.

PLEASE RETURN THIS APPLICATION TO MRS. GUARD OR MRS. BAKER BY APRIL 16, 2018.

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Applicant's Signature

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Date