

**SLIPPERY ROCK UNIVERSITY
STANLEY B. KRAUS SCHOLARSHIP APPLICATION**

Print or type clearly. Applications must be postmarked by April 26th. Finalists will be announced at the Neshannock High School awards assembly. You may apply for this scholarship yearly if you maintain a full-time status at Slippery Rock University.

STUDENT INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () _____ Date of Birth (DOB): _____

Social Security Number: _____ H.S. Graduation Year: _____

Father's Occupation: _____ Place of Employment: _____

Mother's Occupation: _____ Place of Employment: _____

Student's Cumulative College Grade Point Average on a 4.0 Scale or a Percentage (GPA): _____

Intended Major (If known): _____

Are you receiving any other scholarships?: _____

If yes, please list them: _____

Write or type a short essay describing why you deserve the Stanley B. Kraus Scholarship Award:

I hereby certify that the information on this form is true and correct to the best of my knowledge and the student is in good standing in the school.

Signature of College Advisor: _____ Date: _____
(only original signature accepted)

Applicant's Signature: _____ Date: _____

Applications may be submitted to:

Brenda DeVincentis
High School Counselor
Neshannock High School
3834 Mitchell Road
New Castle, PA 16105

