



143 East High Street,, Waynesburg, Pa 15370 - 724-627-5926
Fax: 724-627-8017 Email: info@waynesburgchamber.com Web: www.waynesburgchamber.com

***Dr. Nancy I. Davis Memorial Scholarship for Educational Leadership
\$1,500 CASH SCHOLARSHIP***

CRITERIA

1. Student must reside in Greene County or hold a teaching position in Greene County
2. Student must be a grad student or above seeking a Masters in Education or above
3. Student must demonstrate leadership in teaching
4. Student must be available for a personal interview the week of April 24th in the evenings
5. Scholarship will be awarded based on their community involvement, educational leadership and a personal interview with a qualified panel of judges
6. The scholarship award must be used for tuition, fees or textbooks required for the course of study

APPLICATION INSTRUCTIONS

DEADLINE: RECEIVED IN CHAMBER OFFICE no later than 4:00 p.m. on Monday, April 17th, 2017
No late entries OR April 17th postmarks accepted. All entries will be mailed to the judges on April 17th

Failure to follow the rules listed below will result in application being disqualified

1. Submit the completed "Scholarship Application" form
2. Submit verification of your enrollment in an accredited Masters or above program
3. Submit a list of your community involvement
4. Submit a narrative on how you have demonstrated leadership in education – 500 to 750 words
5. Submit a photo of yourself to be used in the press releases should you be selected as the winner. Photo will be returned. The photograph should be an actual color photograph, not a scanned copy or computer generated copy, no larger than a 4x6 print

The scholarship recipient will be notified by May 1st, 2017
The Scholarship will be awarded at the General Membership Luncheon, May 24th, 2017

PLEASE RETURN COMPLETED APPLICATION TO:
Waynesburg Area Chamber of Commerce, 143 East High Street, Waynesburg, PA 15370
QUESTIONS MAY BE DIRECTED TO 724-627-5926



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SCHOLARSHIP APPLICATION

I, _____ wish to be considered for the Dr. Nancy I. Davis Memorial Scholarship for Educational Leadership from the Waynesburg Area Chamber of Commerce. I have attached all necessary information as requested and give the Scholarship Committee the right to review this information. I understand the selection will be made by an impartial committee. I further understand that my application will be disqualified if I fail to meet the scholarship criteria or fail to follow the scholarship application instructions.

Name: _____ Email: _____

Home Address: _____

City: _____ Zip: _____ Phone: _____

List your post-secondary education, include school(s), dates attended, date completed and any degree or certificate received. Use additional page if necessary.

List your years teaching, grades taught and locations. Use additional page if necessary.

Where are you continuing your education: _____

*** Please attach verification of enrollment*

Planned Course of Study: _____

Career Goal(s): _____

How will this scholarship help you reach those career goals: _____

Does your employer provide financial assistance for higher education: _____ Please explain: _____

I certify that the information submitted in this application is, to the best of my knowledge, true and accurate. I understand falsification of information, or failure to provide information, may result in the termination of any scholarship granted. I understand that all decisions made by the judging panel are final and not subject to review or appeal. I further understand that any information provided in this form will be shared with the panel of judges and if selected to receive the scholarship all of the information in the application as well as the photograph provided will be used for promotional purposes without further compensation or notification.

The Dr. Nancy I. Davis Memorial Scholarship for Educational Leadership will be awarded without discrimination, including, but not limited to, race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, political affiliation or military status.

Applicant's Signature: _____ Date: _____

PLEASE SUPPLY THE FOLLOWING:

1. This Form
2. Verification of continuing education
3. Photo of yourself
4. Leadership in Education narrative
5. List of Community Involvement

Failure to provide the items listed above will result in your application being disqualified from competition.

The Chamber of Commerce is not responsible for lost, undelivered, late or incomplete applications.

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