



3157 Mt. Morris Road, #103,, Waynesburg, Pa 15370 - 724-627-5926

Email: info@greenechamber.org Web: www.greenechamber.org

***Dr. Nancy I. Davis Memorial Scholarship for Educational Support
\$500 CASH SCHOLARSHIP***

PURPOSE

To provide financial awards to teachers in Greene County to help fund additional projects and/or needs of their classroom.

CRITERIA

1. Classroom must be located in Greene County, Pennsylvania
2. Funds are to be used for the 2019-2020 school year
3. Funds are to be used to enrich the learning experience in the classroom

APPLICATION INSTRUCTIONS

DEADLINE: RECEIVED IN CHAMBER OFFICE no later than 3:30 p.m. on Monday, April 1st, 2019

1. Submit the completed "Scholarship Application" form
2. Submit a narrative on the project/need that will be funded. Include project name, need, expectations and projected impact that answers the question "How will this award enrich the minds and lives of your students?" Limit narratives to one-page, double spaced, using 12 point font
3. Submit a one-page proposed budget for the project/need

The scholarship recipient will be notified by May 1, 2019

The Scholarship will be awarded at the General Membership Luncheon, May 22, 2019

PLEASE SUBMIT COMPLETED APPLICATION TO:

Postal mail or Deliver - 3157 Mt. Morris Road, #103, Waynesburg, Pa 15370 Open M-F, 10am-4pm

QUESTIONS MAY BE DIRECTED TO 724-627-5926

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.



SCHOLARSHIP APPLICATION

I wish to be considered for the Dr. Nancy I. Davis Memorial Scholarship for Educational Support from the Greene County 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: _____

Classroom Address: _____

School District: _____ Grade: _____ Number of Students: _____

I agree to provide a photo that may be used for promotional purposes showing the outcome of the project/need and will have certified that all students shown in any photo has the appropriate photo clearances on record.

Funds will be disbursed when school commences for the 2019-2020 school year. Should my classroom assignment change and the project/need no longer applies or cannot be adapted, I understand that the award will be granted to another applicant.

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 and any photographs will be used for promotional purposes without further compensation or notification.

The Dr. Nancy I. Davis Memorial Scholarship for Educational Support 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: _____