

Beaver County Foundation
Scholarship Guidelines and Application Form

Sherri A. Zdunek
Medical Scholarship

Beaver County Foundation
PO Box 569
Beaver, PA 15009

Sherri A. Zdunek

The Sherri A. Zdunek Medical Scholarship is established in memory of Sherri A. Zdunek by her family and friends. Sherri was taken from us in 2008 after a struggle with Melanoma. Sherri was a very loving, caring person who dedicated her life in support of her husband, Dr. Jay Zdunek, throughout his education and commitment to the medical profession. Her encouragement and support to this field is indeed a tribute to her life.

The Sherri A. Zdunek Medical Scholarship is awarded to a Medical Student that either has a letter of acceptance or is currently enrolled in a United States Medical School or United States accredited Medical School. The applicant must have been raised as a resident of Allegheny, Beaver, Butler, or Lawrence Counties. The applicant must understand the essence of the commitment Sherri A. Zdunek gave to the medical profession.

Introduction:

The Beaver County Foundation is a community foundation and is authorized to function as such by the Internal Revenue Service and the Commonwealth of Pennsylvania.

Guidelines:

The Beaver County Foundation administers many different scholarship funds for the benefit of the residents of Beaver County pursuing education in a post secondary setting. Each scholarship fund has its own selection criteria to evaluate and determine award recipients.

The Beaver County Foundation uses a general application for all scholarships for which it makes the selection. A fund's scholarship recommendation committee may choose to use the general application form. Some funds use their own application form such as the Sherri A. Zdunek Medical Scholarship. Please refer to the Beaver County Foundation's current list of scholarship funds for specific selection criteria and additional necessary attachments. Scholarships are awarded to the student, but payment is made to the educational institution.

Applications may be submitted by students about to complete their senior year of post-secondary education, and in some cases by students already enrolled in a university medical school. With respect to the Sherri A. Zdunek Scholarship Fund, students accepted or currently enrolled in schools of medicine or osteopathic medicine may apply.

Student Criteria and Information:

1. The student must have applied to one or more post secondary institutions or have been accepted by same or must be currently enrolled in a college, university or medical school at the time of application.
2. The student must submit the following, as part of the completed application package:
 - a. A complete application form.
 - b. Three sealed letters of recommendation.
 - c. A copy of an official authorized high school/college transcript. A GED certificate may be substituted in some situations.
 - d. SAT, ACT, MCAT test scores
 - e. Copies of letter(s) from colleges, universities or other post secondary schools acknowledging receipt of an admission application or acceptance letter.
 - f. Specific essays (250) words giving life experiences and goals in medicine.
3. The Beaver County Foundation has the right to request any additional materials from the applicant.
4. For those scholarships that are renewable, a renewal application must be submitted each year.
5. Scholarships are for full-time students, studying on a full-time basis, unless otherwise noted.

Timeline:

1. Completed application packages must be delivered to the Beaver County Foundation (or postmarked) no later than May 1, of each year.
2. Applicants will be advised of the status of their request not later than June 15, of each year.
3. Certificates and an award letter will be given each award recipient.
4. Scholarships are awarded to the student but paid directly to the student's educational institution.

Application Check List:

- ✓ The completed Zdunek application form
- ✓ One sealed letter of recommendation
- ✓ Official school transcript
- ✓ Proof of enrollment or acceptance
- ✓ IRS 1040
- ✓ Special essays or scholarship fund requirements.

Before completing this application, read the instructions. Complete all items below. If you are unable to provide the information requested, state the reason in the space provided or attach a letter of explanation. The applicant assumes responsibility for ensuring that all requested information is sent as a complete packet and is received by 5:00 PM or postmarked by May 1, of the current year. All application materials must be sent together as a single packet and the application must be either computer prepared or *neatly* hand printed. The Foundation assumes no responsibility for procuring the necessary information. The completed application should be sent to: Sherri A. Zdunek Medical Scholarship, Beaver County Foundation, PO Box 569, Beaver, PA 15009. Our telephone is 724 728 1331. E-mail: tladerer@gmail.com or cnodata@aol.com

Application For the academic year 2015-2016 Application Deadline:
May 1, 2016

Form Please send the original and two (2) copies.

Note: Only apply for the scholarships for which you are qualified. Submit a separate application for each scholarship. See the attached list of scholarship available and the application form materials each requires if different from this general application.

Scholarship for Which You Are Applying: **Sherri A. Zdunek Medical Scholarship. Please read eligibility conditions under Beaver County Foundation Scholarship Funds.**

Name: _____
Last First Middle

Permanent Address: _____
Street or PO Box City State Zip/Code

Original Residence Address: **(Must be Allegheny, Beaver, Butler or Lawrence County)** _____

Email address _____ Cell Phone _____

Social Security Number ___/___/___ Date of Birth ___/___/___ Sex: ___Male ___Female

Name of the college or university in which you plan to enroll or are currently enrolled:

Name of School City/State Dates Attending GPA(if currently enrolled) Cum GPA

Do you plan to live: On Campus ___ Off Campus (not home)___ Commute from home___ Unknown___

Have you been accepted? ___Yes ___No Anticipated major or area of study _____

Name of high school from which you graduated _____ GPA _____

Name of College from which you graduated: _____ GPA _____

If diploma via GED, indicate City/State and date obtained: _____

SAT Score Math _____ Verbal _____ Combined _____

ACT Scores English _____ Math _____ Reading _____ Science Reasoning _____ Composite _____

I have read the "Application Guidelines" and understand both the submission procedures and deadline requirements:

Signature _____

Date ___/___/___

Activities Form

Use only the space provided below. Please list all extracurricular, community and personal activities in which you have participated during the past three years as well as activities you are planning for the current year. Include clubs, forensics, sports, student government, fine arts, volunteer work, youth programs, music, etc. Please do not send a resume.

Extracurricular Activities High School or College	Participation by Year				Positions Held
	FR	SO	JR	SR	
Community and Volunteer Activities High School or College	Participation Year				Positions Held
	FR	SO	JR	SR	
Work Experience High School or College	Dates of Employment				Position Job Description
Awards and Honors High School or College	Year	Comments (Describe the Honor-Why Given)			

Financial Form

You are a "dependent" student if you are under 24 years of age and do not meet any of the following criteria: (1) a ward of the court; (2) married and living away from your parents; (3) have been claimed by your parents for tax purposes for two consecutive years and have earned at least \$4,000 in each of those two years; (4) served in the military.

If you are a **dependent student**, please have your parents complete this form using information from their most recent Federal Income Tax Return. If your parents have not filed taxes by the time they are completing this from they must use estimated numbers for the current year and include a copy of the first prior year IRS Form 1040. If you are an **independent student**, information about you and your spouse, if applicable, must be included. You do not need to include information about your parents. Figures should be taken from your most recent Federal Income Tax Return. If you have not filed taxes by the time you complete this form, you must use estimated numbers for the current year and include a copy of your first prior year IRS Form 1040.

I am using the numbers from my current Tax Return. I am using estimated numbers from my 2015 tax return. I am sending copy of my 2015 return.
 I am using the numbers from my first prior year Tax Return. I am a dependent (complete both columns)

1. Annual Gross Income \$ _____
2. Annual Income earned by

Father \$ _____	Student \$ _____
Mother \$ _____	Spouse \$ _____
PARENT(S)	STUDENT
3. Untaxed income/benefits (AFDC,ADC,SSI)
 List source of benefit \$ _____ \$ _____
4. Cash, Savings Stocks, Bonds, CD's etc. \$ _____ \$ _____
5. Net value of real estate holdings not used as a primary residence (market value less mortgage balance)
 \$ _____ \$ _____

6. List other sources of financial aid and amounts (including scholarships, loans) which you have been awarded: _____

7. Total number in the household Total number of family attending college during 2016-2017 school year.
 Father's occupation _____ Applicant's occupation _____
 Mother's occupation _____ Spouses occupation _____

Parent's Current marital status	Single	Married	Separated	Divorced	Widowed
Applicant's current marital status	Single	Married	Separated	Divorced	Widowed

Certification: I (we) certify that all of the information on this form is true and complete to the best of my (our) knowledge. If asked by any authorized official of the Beaver County Foundation, I (we) agree to give documentation for information given on this form. I (we) realize that failure to comply with a request for further information may prevent the applicant from receiving aid.

Applicant's Signature _____ Date ____/____/____
 Parent or Spouse Signature _____ Date ____/____/____

Grade Certification Form

We must receive the current transcripts or the application will not be reviewed.

This section is to be completed by an advisor/counselor. GPA information should be on a scale of 4.0. Only transcripts with the current fall term (August - January) information will be accepted and must be included with the application. If transcripts are not available until January, the student must wait and send them and the application at the same time. This certification form is to be included in the complete scholarship application packet.

Student's Name: _____

School Name: _____

At the close of the most recent term (January), the applicant ranked _____ in a class of _____.

At the close of the most recent term (January), the applicant's cumulative GPA was _____ on a scale of 4.0.

SAT Scores:

Verbal _____

Math _____

Combined _____

ACT Scores:

English _____

Math _____

Reading _____

Science Reasoning _____

Composite _____

MCAT Scores:

Physical Science _____

Verbal Reasoning _____

Writing Sample

Biological Sciences _____

Person Completing this form _____ Title _____

Signature _____ Date: ____/____/____

**A TRANSCRIPT INCLUDING CURRENT FALL TERM GRADES MUST ACCOMPANY THIS APPLICATION
DO NOT SEND THIS FORM SEPARATELY!**

Letters of Recommendation

When selecting someone to complete your recommendation, select an individual who will be thorough in the review of your character. Select someone who knows you and your family well and will be able to give a candid and unbiased evaluation. Your recommendation must be completed by someone other than your parents, immediate family or school counselors. In the past, recommendations have been written by clergy, coaches, employers, supervisors, neighbors, teachers, or a family friend.

The letters of recommendation must be returned to us signed and in a sealed envelope along with your application. Any recommendation received with a broken seal will be rejected. A representative from the Foundation may contact the applicant should there be any questions regarding the application.

Criteria the evaluator may consider when writing your recommendation letter.

- Academic performance
- Personal character
- Leadership qualities
- Determination to succeed
- Community service
- Clear plan for attaining educational/medical goals
- Overall comparison to classmates/peers

The evaluator should also provide a brief statement as to why he or she thinks you are most deserving of the scholarship.

Personal Essay (to describe your goals in medicine)

On a separate sheet of paper, please take the time to prepare a well developed, well written, grammatically correct essay. This is your opportunity for the Scholarship Committee to get to know you as an individual. While GPA, ACT/SAT scores, financial need, etc., are important selection criteria, a good essay often sets one student apart from others who are equally qualified. The essay is to be limited to 250 words. You may want to write about an interest you have, a challenge you've met (or haven't been able to meet) or something that you are passionate about. The objective is to give you an opportunity to tell us about another dimension of you not previously revealed. There is no "correct" way to develop and prepare this essay. In writing about something that matters to you, you will convey a sense of yourself that will provide invaluable information and insight during the evaluation process.

Please do not put your name on the essay. The essay must be typewritten (either on a typewriter or personal computer) and included with the complete application packet. Spelling and grammar **DOES** matter—if you cannot take time to submit a grammatically correct essay, what guarantee is there that you will take the time necessary to receive full advantage of your college or university education? If you are concerned that your writing skills are not what they should be, we suggest that you have a teacher or counselor proof-read your essay for grammatical and spelling accuracy.

Guidelines For The Administration of the Sherri A. Zdunek Medical Scholarship

Selection Criteria

1. The successful candidate must be enrolled in or have letter of acceptance to a United States Medical School or US accredited medical school.
2. The successful candidate must have been raised as a resident of one of the following counties Beaver, Butler, Lawrence, or Allegheny counties.
3. The successful candidate must read and understand the essence of who this woman was and what the scholarship means to continuing her legacy.
4. The successful candidate must write an essay of what their goals in medicine are.
5. The successful candidate must have three letters of recommendation from non family members indicating their character and motivation to the field of medicine.
6. Financial need will be a consideration, but will not be the sole determining factor.
7. The scholarship will be awarded for one academic year, and will be paid directly to the enrolled institution upon verification of enrollment. Applicant would be eligible to apply for the scholarship again, but must submit a new application each year.
8. The successful candidate must be motivated to bring personal empathetic qualities to medicine.
9. The successful candidate must apply through email or by mail with all applications and accompanying materials being received by May 1, of each year. Applications can be submitted to tladerer@gmail.com or cnodata@aol.com or to the Beaver County Foundation, P.O. Box 569 Beaver, Pa. 15009
10. The successful candidate must sign the selection criteria and return with application to indicate they understand and agree to the terms of the application process.
11. All decisions of the selection committee are final.
12. Applications not received by 5 PM May 1, of each year cannot be accepted or considered.