



APPLICATION INSTRUCTIONS FOR The David T. Rynd Memorial Scholarship Shenango Valley Foundation

Purpose

This scholarship was established in honor and memorial of David T. Rynd for the purpose of awarding an individual who has a passion for agriculture and exemplifies the same moral character as Mr. Rynd, such as honesty, integrity, determination, outgoing personality, kindness to others, and a competitive spirit. This scholarship will be awarded to a Penn State University College of Agricultural Sciences student who is in their Junior or Senior year. The student must be from the 10-county Northwest Pennsylvania Region including Crawford, Venango, Erie, Mercer, Lawrence, Forest, Clarion, Butler, Armstrong and Warren counties.

The David T. Rynd Memorial Scholarship Fund Committee will give consideration to the following criteria:

- Leadership/Service
- Commitment to Agriculture
- Character/Integrity
- School activities
- Noteworthy achievements
- Awards and recognition
- Special talents
- Community and personal activities
- Work history

Please submit a narrative explaining why you chose agriculture as your field of study and what inspires you for this field. Please incorporate any of the above criteria if possible. Emphasis will be placed on the narrative in awarding the scholarship. All narratives should be 1000 words or less.

If you are applying for this scholarship, please also submit a letter from your academic advisor or faculty verifying you are or will be enrolled in a field of study with the College of Agricultural Sciences during your junior or senior year.

The Selection Committee, which shall select the scholarship recipient shall be the committee approved by the Community Foundation. (No scholarships will be given to

applicants who are direct relatives of the donor family representatives or, to trustees, officers or employees of the Community Foundation of Western PA and Eastern OH.)

Eligibility

Any Penn State University College of Agricultural Sciences student in their Junior or Senior year from the Northwest Pennsylvania Region of Crawford, Venango, Erie, Mercer, Lawrence, Forest, Clarion, Butler, Armstrong and Warren counties.

Terms of Scholarship

The committee will grant scholarships for one academic year only. The amount of the award will vary based upon the interest earned by the principal each year. The selection of students to receive scholarship grants shall be made by the committee without regard to race, color, religion, creed, gender, national origin, disability, marital or veteran status, or any other legally protected status.

Application

Each applicant will complete a "Request for Scholarship" application forms available from the 10 respective Northwest Pennsylvania County Extension Offices or online at www.sv-foundation.org.

Make and keep copies for your records of all forms that you send to us.

1. The application must be filed by June 30th of current year.
2. Return Scholarship Application to:
Community Foundation
C/o Rynd Scholarship
33 Chestnut Street
Sharon, PA 16146
3. Once the application is submitted it will be considered at a regular meeting of the David T. Rynd Scholarship Committee.
4. The committee will then notify the applicant that his/her scholarship request has been approved and to expect a grant check from the scholarship to be forwarded to Penn State University.

Please do not submit the instruction pages with your application. You should remove and retain these instructions for your personal records.

The Shenango Valley Foundation
The David T. Rynd Memorial Scholarship
REQUEST FOR SCHOLARSHIP APPLICATION FORM

PERSONAL INFORMATION

Full Name _____ Penn State ID _____

Local Address: _____

City, State, ZIP: _____

Daytime Telephone _____ Email: _____

Birth Date: _____

RESIDENCY/PARENTS' NAMES

Parents' Names: _____

Home Address: _____

City, State, ZIP _____

County of Home Residence: _____

High School _____ Date Graduated _____

Number of Siblings _____ Siblings in College _____

EDUCATIONAL PROGRAM INFORMATION

Academic program in which you are enrolled: _____

Intended Profession: _____

Campus Location: _____ Current Semester: _____

Name of college advisor: _____

What year do you anticipate to graduate? _____

EMPLOYMENT INFORMATION

Employed at: _____

Date of Hire: _____ Department: _____

Position _____

ASSOCIATIONS/ACTIVITIES

Please list any associations, clubs, organizations or activities in which you participate or are a member. Indicate any position(s) of leadership held.

- 1.
- 2.
- 3.
- 4.
- 5.

OTHER

Are you receiving any other financial assistance for your education? _____

If yes, how? _____

CERTIFICATION:

In signing this application, I certify that the information given is complete and correct to the best of my knowledge and belief.

In connection with this application for a scholarship from the David T. Rynd Memorial Scholarship Fund, I hereby authorize the administrator serving this program to request from any school attended by me: information, transcripts, financial aid records and any other records deemed necessary for the administration of this scholarship program, and I authorize any such school to submit any information, transcripts and other records that may be requested by the scholarship administrator.

Applicant Signature: _____ Date: _____