

**MC KAIG SCHOLARSHIP TRUST
APPLICATION**

GENERAL INFORMATION:

1. **The LaLitta Nash McKaig Foundation offers a needs based scholarship for students who are residents of Bedford or Somerset County, PA; Mineral or Hampshire County, WV; or Allegany or Garrett County, MD; AND have obtained a high school education or equivalency thereof in any of these counties.**
2. Applicant must be a full-time student at an accredited college or university in the United States.
3. The applicant or his/her immediate family cannot be an Officer or Director of PNC Bank Corporation, or any of its affiliates; or be in any way involved in the selection of scholarship recipients for the LaLitta Nash McKaig Foundation.
4. Applicants may apply anytime after January 1 for the upcoming academic year. Applications and all required information must be in the hands of the McKaig Foundation by **May 31**. Late applications will not be considered. Personal interviews will be conducted in Cumberland, MD in July for first time applicants. Award notification will be mailed in August.
5. **AWARDS PREVIOUSLY GRANTED ARE NOT AUTOMATICALLY RENEWED.** A new application, a new Student Aid Report, and the most recent transcript available must be submitted to re-apply each year.

NOTICE TO ALL APPLICANTS
THE FOLLOWING MUST ACCOMPANY THIS APPLICATION:

1. A TRANSCRIPT OF YOUR GRADES FROM THE PREVIOUS SCHOOL YEAR
 2. THE STUDENT AID REPORT (SAR – not the FAFSA. Available at www.fafsa.gov)
 3. FIRST TIME APPLICANTS ONLY: A LETTER OF ACCEPTANCE FROM YOUR COLLEGE OR UNIVERSITY. *(If you change schools, an acceptance letter must be sent from the most recent school.)*
- APPLICATIONS WHICH DO NOT INCLUDE THESE DOCUMENTS BY THE MAY 31st DEADLINE
WILL NOT BE CONSIDERED.**

NAME: _____
(Please print) LAST FIRST MIDDLE INITIAL

HOME ADDRESS: _____
 STREET CITY STATE ZIP PHONE #

E-MAIL ADDRESS: _____

MY CURRENT RESIDENCE IS IN:
_____ BEDFORD OR SOMERSET COUNTY, PA
_____ MINERAL OR HAMPSHIRE COUNTY, WV
_____ ALLEGANY OR GARRETT COUNTY, MD
(I attest that the above is a true statement of my official place of residence.)

DATE OF BIRTH: _____ SOCIAL SECURITY #: (required) _____

MALE: _____ FEMALE: _____ SINGLE: _____ MARRIED: _____ # OF DEPENDENTS: _____
ARE YOU, OR IS ANY MEMBER OF YOUR FAMILY, CURRENTLY AN OFFICER OR DIRECTOR OF PNC BANK CORP., OR ANY OF ITS AFFILIATES; OR INVOLVED IN ANY WAY IN THE SELECTION OF SCHOLARSHIP RECIPIENTS THE MC KAIG FOUNDATION? YES _____ NO _____

DEPENDENCY STATUS: RESIDES WITH PARENTS: _____ SELF-SUPPORTING: _____
(Note: We may require you to provide us with a copy of the Federal Income Tax Return you filed.)

HIGH SCHOOL ATTENDED: _____

(Name, Address, County, and State where school is located.)

COLLEGE I WILL BE ATTENDING (Name & Address): _____

HAVE YOU RECEIVED A MC KAIG SCHOLARSHIP IN THE PAST? YES ___ NO ___ IF YES, WHAT YEAR(S)? _____

WILL YOU BE ATTENDING COLLEGE ON A FULL-TIME BASIS FOR THE FALL AND SPRING SEMESTER? _____

COLLEGE YEAR YOU ARE APPLYING FOR: (Circle) FRESHMAN SOPHOMORE JUNIOR SENIOR GRAD

NOTE: (Students not dependent on their parents should not complete Parent Information sections indicated with (*).

*PARENTS' HOME ADDRESS: _____
Street City State Zip Phone #

*FATHER: NAME: _____

OCCUPATION & EMPLOYER: _____

ANNUAL EARNINGS FROM EMPLOYMENT: _____

*MOTHER: NAME: _____

OCCUPATION & EMPLOYER: _____

ANNUAL EARNINGS FROM EMPLOYMENT: _____

* YOUR PARENTS' TOTAL NUMBER OF DEPENDENTS: _____

(NOTE: We may require you to provide copies of your Parents' Federal Income Tax Returns.)

ESTIMATED BUDGET FOR NEXT SCHOOL YEAR:

TUITION/FEES: _____ BOOKS & SUPPLIES _____

ROOM & BOARD: _____ PERSONAL EXPENSES _____
(travel, materials, misc)

I HEREBY DECLARE THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT, AND I AUTHORIZE PNC BANK OR ITS REPRESENTATIVES TO VERIFY ALL INFORMATION REPORTED BY ANY MEANS DEEMED PRUDENT. FURTHER, I UNDERSTAND AND AGREE THAT ANY FUNDS AWARDED TO ME AS A RESULT OF THIS APPLICATION WILL BE USED EXCLUSIVELY FOR EDUCATIONAL PURPOSES, AND ANY INTENTIONAL OR UNINTENTIONAL MISUSE OF SAID FUNDS MAY SUBJECT ME TO CRIMINAL PROSECUTION.

(Applicant's signature)

(Date)

RETURN COMPLETED FORM BY MAY 31 TO:
LALITTA NASH MC KAIG FOUNDATION
21 PROSPECT SQUARE
CUMBERLAND, MD 21502
PHONE (301) 777-1533
FAX (301) 777-0532