

Application Form
for the
Dr. Matthew R. Hadley
Memorial Scholarship Fund



2017

Applicant's Name & School District: _____

Application Deadline: March 11, 2017

Administered by The Pittsburgh Foundation
Five PPG Place, Suite 250, Pittsburgh PA 15222-5414
Contact: Jennifer Marino, Scholarship Coordinator
(412) 394.2649 or marinoj@pghfdn.org

Dr. Matthew R. Hadley, a White Oak resident and a longtime leader on the medical staff at McKeesport Hospital, was well-known in the Mon-Yough area for his dedication to his profession and to the patients he served. Committed to children and community, Dr. Hadley practiced medicine for more than five decades. Today his memory lives on in the scholarship fund which bears his name.

TERMS OF THE AWARD

This scholarship will be awarded to a worthy high school student each year as funds are available. The recipient will be selected from applications from seniors at McKeesport Area, Clairton City, Steel Valley, South Allegheny, and East Allegheny High Schools.

ELIGIBILITY

Consideration for this scholarship shall be given to a worthy high school student planning to pursue a four-year full-time program at an accredited college or university. Applicants should:

- Have an excellent academic high school record.
- Exhibit leadership and volunteerism through extra-curricular involvement.
- Have demonstrated community involvement and leadership.

SELECTION PROCEDURE

The Scholarship Selection Committee will review and award the scholarship each year based on all eligibility requirements. The recipient will be informed of the award by The Pittsburgh Foundation.

APPLICATION PROCEDURE

1. Complete the application.
2. Enclose high school transcript complete through first semester of senior year.
3. Enclose summary of high school activities (membership, leadership, honors and service should be noted).
4. Provide a copy of the SAR (Student Aid Report form) showing the Expected Family Contribution (EFC) as your financial information.

**You must complete all portions of the application.
Incomplete applications will not will be considered.**

Submit completed application, with essay attached, to the Pittsburgh Foundation by Friday, March 11, 2017. REMEMBER: Fill out the application in ink (no pencil); the essay portion must be typed. For questions or for more information, contact Jennifer Marino, Scholarship Coordinator at (412) 394-2649 or marinoj@pghfdn.org.

**DR. MATTHEW R. HADLEY
MEMORIAL SCHOLARSHIP FUND**

Student's Name _____
Last First Middle

Student's Address _____

(City) (State) (Zip Code)

Home Phone _____ Cell Phone _____

Email _____

Date of Birth _____ Sex ___M ___F

Name of High School _____

Year of Graduation _____ Class Rank _____ Q.P.A. _____

Name and Address of College/University Applicant Will Attend _____

Parent/Guardian's Name _____

Parent/Guardian's Marital Status _____

Father/Guardian's Employer/Title _____

Mother/Guardian's Employer/Title _____

Names and ages of other family dependents (If in higher education, indicate where and year)

Name Age Higher Education/Year

Name Age Higher Education/Year

Name Age Higher Education/Year

Type and attach a brief essay about why you feel you should receive the Dr. Matthew R. Hadley Memorial Scholarship Fund Award. Essay must be typed.

Student's Signature _____ Date _____