



# Sheryl Pailin Memorial Education Foundation Scholarship Fund Program Guidelines

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The Sheryl Pailin Memorial Education Foundation is pleased to offer a \$1000 scholarship to students enrolled in a Christian School for the 2023-2024 school year. Sheryl Pailin was a Christian School educator for over 25 years and was dedicated to using her God-given talents to serve others.

This scholarship application and the required documents must be submitted via email to [sherylpailinmemorialfoundation@gmail.com](mailto:sherylpailinmemorialfoundation@gmail.com) by **May 1, 2023**. The Scholarship Committee will review scholarship applications, and awards will be announced on **June 1, 2023**.

\*Special preference will be given to students that demonstrate financial need.

## Eligibility Requirements

1. Applicants must be enrolled in a Christian School.
2. Applicants must be a full-time student.
3. Applicants must live in Pennsylvania in Montgomery County or Philadelphia.
4. Applicants must be U.S. citizens.
5. Applicants must demonstrate financial need.
6. Applicants may not be related to any member of the Scholarship Selection Committee.

## General Instructions

1. Please answer each question and provide the required documents.
2. Return a typed or neatly printed application to the above address by May 1, 2023.
3. If you have any questions about the application, please email them to [sherylpailinmemorialfoundation@gmail.com](mailto:sherylpailinmemorialfoundation@gmail.com).

## Application Process

Applicant must submit the following items:

1. Completed application form.
2. Two (2) letters of recommendations to support your application. The letters should be obtained from two of the following individuals: principal, guidance counselor, teacher, adult member of your community (supervisor, clergy, mentor, group leader, etc.).
3. An official and recent school transcript.
4. Essay question responses that adhere to the word count requirements.
5. Documentation of financial need (tax return, or current pay stubs).

# 2023 Sheryl Pailin Memorial Education Foundation Scholarship Application

Date of Application:
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Please **type** or **print** your answers neatly.

1.	Last Name:	First Name:
2.	Address of Residence: Street: _____  City: _____ State: _____ ZIP: _____	
3.	Daytime Telephone Number: (     )	
4.	Email Address:	
5.	Date of Birth:    Month                                  Day                                  Year	
6.	School Name:	Number of years attended:
7.	School Contact Individual Name (to verify enrollment):	Phone Number:
8.	School Grade (fall 2023):	
9.	Church Name and Address:	Are you a member?
10.	Name & Address of parent(s) or legal guardian(s): Use reverse side of application if you need more space. Name (s) _____  Street: _____ City: _____ State: _____ ZIP: _____  Home phone of parents or legal guardians:	
11.	Name and city of other schools attended:	Number of years attended:
12.	List expenses you expect to incur per semester or quarter: (Approximate figures acceptable) _____ .	
	A.	Tuition:                          Amount: \$
	B.	Books:                                  Amount: \$
	C.	Other expenses:                  Amount: \$                                  Describe below under comments
13.	List gross yearly household income:	
Comments:		

14.	List any academic honors, awards, and activities:
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15.	List your community service activities, hobbies, outside interests, and extracurricular activities:
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16.	<p><b>Essay Questions</b>  Please answer the following questions: (Attach in a separate document)  <b>Please tell us your reason for applying for this scholarship and how it will be used, if awarded. (250 words)</b>  <b>Please tell us why education is important to you. (500 words)</b>  <b>Please explain how your faith in God impacts your decision making. (500 words)</b></p>
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17.	<p>The following items must be attached to this application in order for the application to qualify to be reviewed by the scholarship committee. Please note: Your application will not be considered complete if these items are not attached to this application.</p> <p>Circle “YES” or “NO” to be sure you have attached each item as required.</p>		
	YES	NO	<b>Completed application.</b> All questions are answered completely.
	YES	NO	<b>Two (2) Letters of Recommendation.</b>
	YES	NO	<b>Most recent <u>official</u> school transcripts or report card.</b> Photocopies of your transcript are <b><u>acceptable</u></b> , if transcript is signed by a guidance counselor or principal.
	YES	NO	<b>Essay Questions.</b> Please ensure your essay adheres to the word count requirements.
	YES	NO	<b>Documentation of Financial Need.</b> Copy of recent guardian tax form or two recent paystubs.

## STATEMENT OF ACKNOWLEDGEMENT

I have read, understand, and acknowledge that I meet the eligibility standards for Sheryl Pailin Memorial Education Foundation Scholarship. I affirm that I understand this is a need-based scholarship for \$1000 to be awarded to my current school on my behalf. I give permission to officials of my current school to release transcripts, report cards and other related information requested for award consideration. I understand that the information contained in this application will be limited to qualified people who need to see it in the course of their duties and will be kept confidential. I affirm that the information contained herein is accurate.

Signature of scholarship applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of applicant's guardian/ parent: \_\_\_\_\_ Date: \_\_\_\_\_



*We look forward to reviewing your application!*