

Office of Financial Aid  
Phone: 717-871-5100  
Fax: 717-871-7980

October 3, 2018

Dear Guidance Counselor:

Enclosed is the **2019-2020 Clarence Schock Foundation Scholarship Application** for students that are planning to attend Millersville University. Please make copies to provide to your students.

You may also direct students to contact our office at (717) 871-5100 if they would like further information.

Sincerely,



Abigail Gallelo  
Scholarship Coordinator  
Financial Aid Counselor  
Millersville University

Enclosure

# Millersville University

## 2019-2020 Clarence Schock Scholarship Application

**DEADLINE: FRIDAY, FEBRUARY 22, 2019!**

The Clarence Schock Foundation Scholarship is awarded annually to Millersville University freshmen on the basis of scholastic record, financial need as determined by the Free Application for Federal Student Aid (FAFSA), and personal attributes. To be considered for the Clarence Schock Foundation Scholarship, you must meet the following criteria:

1. Be a legal PA resident and currently enrolled or a graduate of a secondary school in the following Pennsylvania counties: Adams, Berks, Chester, Cumberland, Dauphin, Delaware, Lancaster, Lebanon, and York.
2. Complete and submit the 2019-2020 FAFSA prior to February 22, 2019.
  - a. The FAFSA can be completed online at [fafsa.ed.gov](http://fafsa.ed.gov). And can be completed any time after October 1, 2018.
  - b. Be sure to list Millersville as a school choice so that we receive your information. Our school code is **003325**.
3. Complete and submit this application by Friday, February 22, 2019 to:

Office of Financial Aid  
Millersville University  
P.O. Box 1002  
Millersville, PA 17551-0302

**PLEASE NOTE:** Determination of financial need will be based on figures as noted on the 2019-2020 Free Application for Federal Student Aid (FAFSA). If those figures change, the Office of Financial Aid reserves the right to rescind the Clarence Schock Foundation Scholarship.

### STUDENT INFORMATION

Student's Name: \_\_\_\_\_ MU ID #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Anticipated Major: \_\_\_\_\_

### STUDENT EDUCATIONAL INFORMATION

High School Name: \_\_\_\_\_ Date of H.S. Graduation: \_\_\_\_/\_\_\_\_/\_\_\_\_  
High School Address: \_\_\_\_\_  
County: Adams Berks Chester Cumberland Dauphin Delaware Lancaster Lebanon York  
(circle one)

### STUDENT SIGNATURE

By signing this document, I certify that all of the information provided above is accurate to the best of my knowledge.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

APPLICATIONS THAT ARE INCOMPLETE OR RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED