HEATHER CLAIR MILLER MEMORIAL SCHOLARSHIP FUND  
of The Pittsburgh Foundation

Guidelines

1. The Heather Clair Miller Memorial Scholarship is designated to Shaler Area High School to be awarded to a student or students (graduating senior) chosen on the basis of:

   (In the event SAHS ceases to continue, a northern suburb school district representing the same or similar geographical area and boundaries will be used in its stead.)

   a. Academic achievement  (Students displaying promising academic accomplishments)
   b. Involvement in student activities
   c. Community service
   d. Economic need

2. Awards will be made to the educational institution in the name of the recipient. Validating of acceptance to a certified educational program is necessary.

3. Scholarships will be awarded only to nonprofit institutions that are classified as tax-exempt under Section 501(c)(3) of the Internal Revenue Code. This includes most schools, colleges, and universities and excludes for profit trade and technical schools.

4. The scholarship will be advertised for two weeks within the school through the guidance department, activities center and by way of the public address system.

5. Students will pickup application forms in the activities center and return them by the designated due date.

6. Judging of applications will be done by a selection panel consisting of a principal, the activities director, and a member of the Miller family. The panel will be chaired by the representative of the Miller family.

7. The Heather Clair Miller Memorial Scholarship will be awarded annually at the senior awards program held at Shaler Area High School in May.
HEATHER CLAIR MILLER MEMORIAL SCHOLARSHIP
(COLLEGE, BUSINESS, HEALTH CARE OR TECHNICAL SCHOOLS)

Name ___________________________________ Date ________________

Address ____________________________________________ Zip _________

Phone _______________ Birthdate _______________ Sex _________

Curriculum Studied – Academic, Commercial or Technical _________________

What course of study do you plan to pursue after graduation? _________________

To which colleges or training institutions have you applied? _________________

Have you been accepted at any or all? ______________________________________

Have you filed the Free Application for Federal Student Aid (FAFSA)? Yes___No___
If yes, attach a copy of your Student Aid Report (SAR).

Will you receive aid from the school? ______ How much? _____________________

Which school is your preference? _________________________________________

Are you applying for other scholarships? ______ Where? ______________________
Have any been awarded? _________________ Amount? _____________________

Do you have a part-time job? ______ Where? _______________________________

On the back of this form describe your duties, hours, pay.

If you do not work, explain why. __________________________________________

List any volunteer work or community service you have done while attending high school.
______________________________________________________________
______________________________________________________________
______________________________________________________________

List extracurricular school activities in which you participated the last three years. Mention offices held or special awards received.
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
HEATHER CLAIR MILLER MEMORIAL SCHOLARSHIP

Name of father ____________________________ Occupation ______________
Firm ___________________________________________________________________

Name of mother ___________________________ Occupation ______________
Firm ___________________________________________________________________

Name of guardian if parents are deceased __________________________________

If parent or parents are retired, do they receive Social Security? _____________
A pension? ____________________

Approximate income of both parents before taxes _________________________
(This will be kept confidential and is necessary to determine financial need of student)

List names and ages of other dependent children. If attending college or receiving aid, please state this. ______________________________________________________

Please include below circumstances verifying economic need for this scholarship.
________________________________________________________________________
________________________________________________________________________

Please indicate in a brief narrative:

• What I have achieved in life thus far.
• What I expect to accomplish in the next ten years.
• How I want people to remember me.

An official school transcript must accompany this application.

Please return this application to the Activities Center by ____________________

________________________________________________
Applicant’s Signature