## 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.
- 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 31<sup>st</sup> DEADLINE WILL NOT BE CONSIDERED).

NAME:(Please print)	LAST		FIRST		MIDDLE INITIAL
HOME ADDRE	SS:				
	STREET	CITY	STATE	ZIP	PHONE #
E-MAIL ADDR	ESS:				
	RESIDENCE IS IN:  BEDFORD OR S MINERAL OR H ALLEGANY OR hat the above is a true state.	OMERSET COUN IAMPSHIRE COUN GARRETT COUN	NTY, WV ITY, MD		
DATE OF BIRTH:SOCI			CURITY #: (requi		
ARE YOU, OR OR ANY OF ITS	IS ANY MEMBER C	F YOUR FAMILY INVOLVED IN AN	, CURRENTLY A IY WAY IN THE	N OFFICER OF	DEPENDENTS:  R DIRECTOR OF PNC BANK CORP., F SCHOLARSHIP RECIPIENTS THE
DEPENDENCY	STATUS: RESIDES	WITH PARENTS:	: SEI	F-SUPPORTIN	íG:

(Note: We may require you to provide us with a copy of the Federal Income Tax Return you filed.)

HIGH SCHOOL ATTENDED:										
(Name	te, Address, County, and State where school is located	.)			<del>-</del>					
COLLEGE I W	WILL BE ATTENDING (Name & Address):									
HAVE YOU R	RECEIVED A MC KAIG SCHOLARSHII	P IN THE PAST?	YESNO	_IF YES, WI	HAT YEAR(	S)?				
WILL YOU B	BE ATTENDING COLLEGE ON A FULL	-TIME BASIS FO	OR THE FALL AN	D SPRING S	EMESTER?					
COLLEGE YE	EAR YOU ARE APPLYING FOR: (Circle	e) FRESHMAN	SOPHOMORE	JUNIOR	SENIOR	GRAD				
NOTE: (Students 1	not dependent on their parents should not complete Pe	arent Information secti	ons indicated with (*).							
*PARENTS' H	HOME ADDRESS:	City	State Zip		Phone #	<del></del>				
*FATHER:			•							
	NAME:OCCUPATION & EMPLOYER:									
	ANNUAL EARNINGS FROM EMPLOYMENT:									
*MOTHER:										
MOTTEK.	NAME:OCCUPATION & EMPLOYER:									
4 Y CO L TO	ANNUAL EARNINGS FROM EMPLOYMENT:									
	require you to provide copies of your Parents' Federal		1							
	BUDGET FOR NEXT SCHOOL YEAR:		CV That FIE							
TUITION/FEES:			SUPPLIES							
ROOM & BOA	ARD:		PERSONAL EXPENSES(travel, materials, misc)							
APPLICATION INFORMATION FUNDS AWAIT	DECLARE THAT, TO THE BEST OF MOON IS TRUE AND CORRECT, AND I AS ON REPORTED BY ANY MEANS DEED ARDED TO ME AS A RESULT OF THIS AND ANY INTENTIONAL OR UNINTESTON.	UTHORIZE PNO MED PRUDENT. S APPLICATION	BANK OR ITS R FURTHER, I UN WILL BE USED	EPRESENT. DERSTAND EXCLUSIVE	ATIVES TO AND AGRE ELY FOR ED	VERIFY ALL E THAT ANY DUCATIONAL				
	(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