



CARNEGIE HERO FUND COMMISSION

436 Seventh Ave., Suite 1101 Pittsburgh, PA 15219-1841
412-281-1302 | 1-800-447-8900 | fax: 412-281-5751 | carnegiehero.org

SCHOLARSHIP APPLICATION

Case of: _____ File number: _____

Name: _____ Telephone: _____

Email: _____ Date of Birth: ____ / ____ / ____

Address (*street/P.O. box, city, state, zip*): _____

Relationship to *Carnegie Medal* awardee noted above: _____

School where scholarship should be sent: _____

Address of school (*street/P.O. box, city, state, zip*): _____

Telephone Number of school: _____ Student ID: _____

Is the school accredited? _____ If so, by which agency? _____

Term you are applying for: _____ Expected graduation date: ____ / ____ (*month/year*)

Date classes begin for this term: _____ Degree: _____

For this semester, list the costs for which you are seeking assistance (*US dollars*):

Tuition \$ _____ Fees \$ _____ Books \$ _____

Other (*please itemize*): _____ \$ _____ \$ _____

Do you expect to receive scholarship assistance (*grants, scholarships, awards*) from other sources? Yes _____ No _____

If so, what is the total amount of all assistance you expect to receive? \$ _____

Are you now employed? _____ If so, what is your monthly income (*net*)? \$ _____

Are you married? _____ If so, and they are employed, what is their monthly income? \$ _____

Any other household monthly income (*please list income source and amount*)?

_____ \$ _____ \$ _____

Are you anticipating this employment and income to continue throughout your schooling? _____

Note: any courses for which you are requesting assistance must be required for completion of degree.

Worksheet Total cost of attendance for term:
(Canadian applicants: we will pay in US dollars.)

Tuition	\$ _____
Fees	\$ _____
Books	\$ _____
Room & Board	\$ _____
Miscellaneous	\$ _____
Total	\$ _____

Deduct total of scholarships and grants for this term
(do not include loans) — \$ _____

Out of pocket cost to you = \$ _____

Signature of applicant: _____ Date: _____

The following must be attached to your completed application:

1. Documentation relating to all applicable scholarships, awards, financial assistance, and/or grants (*amounts and terms*) if indicated above.
2. Transcripts from prior semester (*if repeat applicant*).
3. Documentation from the school outlining the costs of the term.
4. A copy of your (*and/or your parents/guardians*) latest (*and current*) income tax return.

This section should be completed by the parent/guardian if applicant is a dependent:

What is the gross yearly income of the household (*salaries, interest, etc.*)? \$ _____

Including yourself, how many dependents are in the household? _____

Do you own your home? _____ If so, what is the value? \$ _____ What is the mortgage? \$ _____

What is the total of your other assets? \$ _____ Other debts? \$ _____

Signature of parent/guardian, if applicant is a dependent: _____