



Dr. Donna L. Mettler Scholarship Application

Dr. Donna L. Mettler established this scholarship for 2 graduating seniors of Wellsboro Area High School pursuing a degree in the education field with a preference for elementary education. Dr. Mettler has had a career in public education that spans 41 years. She has served as a special education teacher and reading specialist, an elementary principal, and superintendent of the Wellsboro Area School District.

Eligibility Criteria:

- Graduating seniors from Wellsboro Area High School.
- Accepted into an accredited university or college.
- Pursuing a degree in education with a preference for elementary education.
- Essay (200-250 words double spaced) describe your most meaningful achievements and how they relate to your pursuit of a degree in education and your future goals.
- Please provide a list of school based activities (including leadership positions, clubs and sports) as well as community volunteer activities and the number of months or years.
- Student must have a demonstrated financial need.
- Must have maintained an 80% grade point average in high school.
- Two students will be selected and each will be given a \$5,000 award.

Please see your guidance office for deadlines.



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Type or print neatly in black or blue ink. Only complete applications will be considered.

Personal Information:

Last Name		First Name		MI
Street Address			Apt. /Unit Number	
City	State	Zip Code	Home Phone	Cell Phone
Sex: M F	Date of Birth: ____/____/____ MM/DD/YYYY		Name of High School	Date of Graduation
E-mail Address				

Parental Information:

Father's Last Name		First Name		MI
(If different) Street Address		Apt. /Unit Number		Email Address
City	State	Zip Code	Best Available Phone Number	
Name of Employer			Employed Since	
Mother's Last Name		First Name		MI
(If different) Street Address		Apt. /Unit Number		Email Address
City	State	Zip Code	Best Available Phone Number	
Name of Employer			Employed Since	

Employment Information:

Do you currently have a part-time job? Y N If yes: _____
Position

Name of Employer	Employer's Phone Number
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School Based Information:

Major Field of study in college: _____

Name of the college or university you will attend:

G.P.A. _____ SAT Score _____ or Act Score _____

Class Rank _____ of _____ # students.

Financial Information:

Please enter your Expected Family Contribution (EFC) number that can be found on the top of your Student Aid Report (SAR), which is generated after completing your Free Application for Federal Student Aid Form (FAFSA):_____. If this number is not available at the time of submitting the application, please provide details as to the status of FAFSA. Please notify your guidance office when the number becomes available.

Number of Dependents in Family _____ Number of other siblings in College _____

I attest that all personal data included within this application is truthful and in no way misleading. All contents have been completed entirely by me (the applicant) to the best of my knowledge.

If I am selected as a recipient of a Community Foundation for the Twin Tiers scholarship, I agree to permit the Foundation to confer with my school to verify my continuing enrollment during the term of my scholarship.

I also agree that my name and photograph can be used in announcements made by the Community Foundation for the Twin Tiers regarding the particular scholarship(s) for which I have been awarded.

By signing this I permit my school to give the Community Foundation for the Twin Tiers information regarding my SAT scores, current GPA and class rank.

Awards may be used at any accredited, nonprofit college or university within the United States.

Signature of Applicant

Date of Signature