



**Raymond Gordon Memorial Scholarship**

**Part I – Applicant Information**

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**County** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Birthdate** \_\_\_\_\_

**Phone** (     ) \_\_\_\_\_ **Cell** (     ) \_\_\_\_\_

**Email** \_\_\_\_\_

**Part II – Permanency Information**

Adoptive Family     Group Home     Foster Family     Independent Living  
 Kinship     Permanent Legal Guardianship     Other (specify) \_\_\_\_\_

**Part III – Educational Information**

**Name of School** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** (     ) \_\_\_\_\_ **Fax** (     ) \_\_\_\_\_

**Counselor/Advisor** \_\_\_\_\_ **Current GPA** \_\_\_\_\_

**Do you participate in (check all that apply):**

Scholar’s classes     Honor’s classes     Dual Enrollment     International Baccalaureate

**Extra Curricular Activities**

\_\_\_\_\_

**Awards/Recognitions**

\_\_\_\_\_

**Name of institution you plan to attend for the 2015-2016 academic year. (Use official name)**

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Type of School**

4 yr. college/university     2 yr. community/junior college     Vocational/Trade School

**Student will be enrolled**     Full-time     Part-time

**Has application been made to school?**     Yes     No                      Accepted?     Yes     No

**Intended Major** \_\_\_\_\_

**Career Goals** \_\_\_\_\_

**Essay**

On a separate sheet of paper briefly write about the impact your family has had on your life and how you will use your experience in the child welfare system to make a positive impact on the lives of others. **(500 words or less)**

**Certification**

I acknowledge that the application for scholarship does not guarantee award and that the decision of the Three Rivers Adoption Council Scholarship Review Team shall be final. I also certify that the information provided is true and complete to the best of my knowledge. Falsification of information or failure to maintain the stated GPA (2.0) may result in future ineligibility for scholarship funds.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian/Caseworker Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail completed application to:                      **Three Rivers Adoption Council  
Scholarship Review Committee  
307 Fourth Avenue – Suite 310  
Pittsburgh, PA 15222**

**All information must be postmarked by April 15, 2015**

# *Raymond Gordon Memorial Scholarship*

## Reference Form

**Applicant Name** \_\_\_\_\_

The above named student is applying for the Raymond Gordon Memorial Scholarship to assist in defraying the cost of pursuing higher education. You are being asked to assist the applicant in the scholarship process by submitting a reference on their behalf.

- 1 How long have you known the applicant? \_\_\_\_\_
- 2 In what capacity? \_\_\_\_\_
- 3 Are you aware of the applicant's desire to further his/her education beyond high school?  
 Yes       No
- 4 Briefly describe the applicant \_\_\_\_\_  
\_\_\_\_\_
- 5 What characteristics does the applicant possess that will make him/her successful in their future endeavors \_\_\_\_\_  
\_\_\_\_\_
- 6 Any additional information? \_\_\_\_\_  
\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Printed Name \_\_\_\_\_

**Please mail completed form to:**    **Three Rivers Adoption Council**  
   **Scholarship Review Committee**  
   **307 Fourth Avenue – Suite 310**  
   **Pittsburgh, PA 15222**

**All information must be postmarked by April 15, 2015**

# *Raymond Gordon Memorial Scholarship*

## Reference Form

**Applicant Name** \_\_\_\_\_

The above named student is applying for the Raymond Gordon Memorial Scholarship to assist in defraying the cost of pursuing higher education. You are being asked to assist the applicant in the scholarship process by submitting a reference on their behalf.

7 How long have you known the applicant? \_\_\_\_\_

8 In what capacity? \_\_\_\_\_

9 Are you aware of the applicant's desire to further his/her education beyond high school?

Yes       No

10 Briefly describe the applicant \_\_\_\_\_

\_\_\_\_\_

11 What characteristics does the applicant possess that will make him/her successful in their future endeavors \_\_\_\_\_

\_\_\_\_\_

12 Any additional information? \_\_\_\_\_

\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Printed Name \_\_\_\_\_

**Please mail completed form to:**      **Three Rivers Adoption Council**  
**Scholarship Review Committee**  
**307 Fourth Avenue – Suite 310**  
**Pittsburgh, PA 15222**

**All information must be postmarked by April 15, 2015**