# SCIENCE LEARNING COMMUNITY
**SCHOLARSHIP PROGRAM**

For Returning S-STEM Biological Science and Chemistry Students Only

<table>
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<tr>
<th>Contact Information</th>
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<tbody>
<tr>
<td>Name of Applicant, PS#:</td>
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<tr>
<td>Street Address:</td>
</tr>
<tr>
<td>City, State, ZIP:</td>
</tr>
<tr>
<td>County</td>
</tr>
<tr>
<td>Township/Borough</td>
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<tr>
<td>Home Phone:</td>
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<tr>
<td>E-Mail Address:</td>
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<tr>
<th>Major/Minor Field of Study</th>
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<tr>
<td>___ Biology</td>
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<tr>
<td>___ Chemistry</td>
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I am a: ___ U.S. Citizen ___ U.S. National Resident ___ Permanent Resident ___ Other (Specify___________)

Cumulative Pitt-Greensburg GPA: _______

Extension Activities: *(Select a minimum of three, including the two required activities and at least one other)*

- **Required**
  - Participated in a Career Awareness Activity
  - Participated in a Student Organization Activity *(e.g., activities sponsored through Learning Community, Rho Theta chapter of Gamma Sigma Epsilon chemistry honor society, Theta Pi chapter of Tri Beta biology honor society, Science Club etc.)*

- **Select at least one from the following**
  - Participated in an Internship Activity
  - Received Peer Mentoring
  - Received Tutoring
  - Other (describe activity) __________________________

Have you completed the Free Application for Federal Student Aid (FAFSA)? ___ Yes  ___ No

Will you be enrolled as a fulltime Pitt-Greensburg student for the next academic year? ___ Yes  ___ No
Additional comments about your achievements to date, educational and career goals and/or any unmet needs/services that would help you to be more successful?

______________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Applicant Name* (printed):

Applicant Signature*:

Date:

* The signatures above indicate that all information provided within this application is accurate.

Submit completed form along with appropriate documentation to:

University of Pittsburgh at Greensburg
Brandi Darr, Director of Financial Aid
Financial Aid Office
150 Finoli Drive
Greensburg, PA 15601

For office use only:

___ GPA Verified  Cumulative Pitt-Greensburg GPA: ___________ Initials_________ Date________

___ Financial Need Verified  EFC: ___________ Unmet Need: ___________ Initials_________ Date________

___ Student Activities Verified  Initials_________ Date________

Action Taken

___ Application Approved: S-Stem Scholarship Amounts - ___________ Fall 20_____; ___________ Spring 20_____  

___ Application Denied - Comment for Denial:

Partial support of the SLC Scholarship program is being provided by the National Science Foundation Scholarships in Science, Technology, Engineering, and Mathematics (S STEM) program under Award No. 1458289. Any opinions, findings, and conclusions or recommendations expressed in this material are those of the author(s) and do not necessarily reflect the views of the National Science Foundation.