

**THE ALBERT (“ABBY”) T. FALLQUIST
MEMORIAL SCHOLARSHIP FUND**

GENERAL INFORMATION AND SCHOLARSHIP APPLICATION

The Albert (“Abby”) T. Fallquist Memorial Scholarship Fund was created at the direction of Alice Gumbert in memory of Albert (“Abby”) T. Fallquist, longtime chemistry teacher and varsity baseball coach at McKeesport High School. Mr. Fallquist retired in 1968 after 44 years of service in the school district. He was head of the Science Department from 1956 to 1968 and coach of the Tiger baseball team from 1929 until his retirement. He led the Tigers to nine WPIAL championship games, winning six and losing three.

Eligibility

Candidates for the scholarship will be chosen from graduates of the McKeesport Area Senior High School who have participated as a member of the baseball team. If you are selected to receive a scholarship, you are eligible to receive awards for three additional academic school years by providing proof of enrollment each year.

The Trustee, its employees, and relatives of employees are all ineligible for receipt of a scholarship or grant. The Trustee is AmeriServ Trust & Financial Services Company, a subsidiary of AmeriServ Financial, Inc.

Types and Amount of Funding Available

All Funds will be paid directly to the educational institution in which the student is enrolled. No funds will be paid directly to any student or other individual. The amount of funding available is determined by the income of the Trust and the number and quality of applicants for funds. Funding is to be used for education-related purposes only. All decisions are made at the sole discretion of the Trust.

Criteria by Which Funds are Awarded

Funds will be awarded at the sole discretion of the Trust to graduates of the McKeesport Area Senior High School who have participated as a member of the baseball team. Additional criteria used in selecting scholarship recipients shall include academic standing, performance on tests designated to measure ability and aptitude, participation in extracurricular activities, recommendations from instructors, and financial need and personal history. This Trust does not discriminate on grounds of race, color, creed, national or ethnic origin, religion, sex or age.

Where to Submit Your Application

Completed applications should be mailed to AmeriServ Trust and Financial Services Company, ATTN: Nicholas A. Urban, P.O. Box 520, Johnstown, PA 15907-0520. If you have any questions, please call me at (724) 261-3940 or email me at nurban@ameriserv.com.

Deadline for Submission of Your Application

Your completed Application must be received by the Trust on or prior to March 31 of the year for which you seek a scholarship. For example, if you are requesting a scholarship or grant for the 2020/2021 academic school year, your application must be received by the Trust on or before March 31, 2020. No scholarship or award will be given, and no decision as to the identity of the student or students to receive any scholarship or award will be made until the deadline for submission of applications has passed, so that all applications may be fully considered.

General Instructions

1. Applicant must use the official Albert (“Abby”) T. Fallquist Memorial Scholarship Fund form, which has been dated and signed by the student.
2. Typewritten applications and supporting documents are preferred over handwritten submissions, and all must be in English or English translations. Letters must be originals on one side of 8 ½ by 11 paper signed by the author and parent(s) of the author.
3. Official high school transcript of student records from the beginning of 9th grade to due date of application may be photocopy that bears an original signature of the proper school authority.
4. SAT, ACT or comparable standardized test score must be included but may be photocopies. It is preferable that exhibits such as awards and media items be photocopies.
5. Counting the Scholarship Application form as 5 pages, the brochure must not exceed 25 pages (one side only) and must arranged in the order described below:
 - A. Albert (“Abby”) T. Fallquist Memorial Scholarship Application form. (Do not include general information).
 - B. The applicant shall prepare a statement of 500 words or less setting forth his/her vocation or professional goal and how past, present and future activities make the accomplishment of the goal probable. The statement must be signed by the applicant.
 - C. Official signed transcript of high school grades.
 - D. College entrance test scores.
 - E. Current dated, signed one-page letters of recommendation from at least one person, but not totaling more than three, in authority from schools attended by the applicant. Letter(s) should cover the applicant’s ability, work habits, leadership, personality, integrity, concern for just causes, and likelihood of accomplishment in both academic and non-academic environments.
 - F. Copies of exhibits of achievement in scholarship, leadership, athletics, dramatics, community service or other activities may be attached but the applicant should avoid being repetitious.
 - G. Copies of acceptance letter from post-secondary institution.
 - H. Copy of the page from the applicant’s Student Aid Report (SAR) that shows the Expected Family Contribution (EFC). The SAR is the report that is generated when students complete the Free Application for Federal Student Aid (FAFSA).

ALBERT ("ABBY") T. FALLQUIST MEMORIAL SCHOLARSHIP APPLICATION

I. APPLICANT

Full Name: _____

Address: _____

Email: _____ Cell Phone Number: _____

Date of Birth: _____ Social Security Number: _____

Citizenship: _____

Parent/Guardian Name(s): _____

II. EDUCATION

McKeesport Area Senior High School

Course of Study: _____

Dates of Attendance: _____

Expected Date of Graduation: _____

Planned Education

What is your expected course of study? _____

When do you anticipate completing the above level of education? _____

What is your career goal? _____

What is the name and address of the institution for which you request scholarship assistance? _____

College Entrance Exams

Test (SAT, ACT, etc.)

Date

Score

Other Education

Please list other high schools attended other than McKeesport Area Senior High School. Transcripts are required.

Name of School

City & State

Course of Study

Years Attended

III. ACTIVITIES

Scholastic:

Member of Organization or Activity (year and name): _____

Honors and Awards (year, name of organization, and nature of honor or award): _____

Offices and Positions of Leadership (year, name of organization, and office or position): _____

Extracurricular (School Related - must include the high school baseball team):

Member of Organization or Activity (year and name): _____

Honors and Awards (year, name of organization, and nature of honor or award): _____

Offices and Positions of Leadership (year, name of organization, and office or position): _____

Employment:

Employment (including temporary positions): _____

Name and address of employer: _____

IV. FAMILY

Your Father:

Full name: _____

Occupation: _____

Name and address of his employer: _____

Please check any applicable status:

Retired: _____ Unemployed: _____ Deceased: _____ Disabled: _____

Your Mother:

Full name: _____

Occupation: _____

Name and address of her employer: _____

Please check any applicable status:

Retired: _____ Unemployed: _____ Deceased: _____ Disabled: _____

Siblings:

Number: _____

Ages: _____

Other:

Please enter the name(s) of any parent(s) or guardian(s) with whom you reside: _____

Please enter the name of any person who provides support for you: _____

If someone other than one of your parents support you, please provide the following information as to that person(s):

Full name: _____

Address: _____

Relationship to you: _____

Occupation: _____

Name and address of his or her employer: _____

Please check any applicable status:

Retired: _____ Unemployed: _____ Deceased: _____ Disabled: _____

V. FINANCIAL STATEMENT

Why are you seeking a scholarship? _____

Please list all other sources of financial aid, including loans, that you will receive. If, after you have submitted this Application, you are notified of other financial aid that you will receive, please be prepared to make this information available to the Scholarship Committee.

Are there any unusual circumstances that you feel warrant attention? _____

Certification:

I hereby certify that the answers to the foregoing questions are complete and accurate. If asked to give proof of the information on this form, I will do so. If I do not do so, I understand that I may not be awarded a scholarship grant. I understand that any omissions or misstatements in my response to any question may result in my disqualification for a scholarship grant and the return of any grant awarded on the basis of this application.

Date: _____ Signature of Applicant: _____

Date: _____ Signature of Parent/Guardian: _____