



# CARNEGIE HERO FUND COMMISSION

436 Seventh Ave., Suite 1101 Pittsburgh, PA 15219-1841  
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## SCHOLARSHIP APPLICATION

Case of: \_\_\_\_\_ File number: \_\_\_\_\_

Student 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: \_\_\_\_\_