

## ALMA NEWLIN EDUCATIONAL FUND

The Alma Newlin Scholarship was established in the Fall of 1990 through a bequest from Mrs. Alma Newlin, a resident of Kennett Square, Pennsylvania.

The sole purpose of the fund is to encourage and assist high school students, graduates and returning students from the southern Chester County area to be prepared for and to gain employment in medical or healthcare related endeavors. Grants will be made in the form of outright scholarships based on the decisions of a selection committee.

Eligibility to apply for scholarships from the Alma Newlin Educational Fund is determined by the following criteria:

- Successful completion of high school or G.E.D. Program
- Demonstrated intent of applicant to further his or her education to prepare for and to gain employment in a HUMAN medical or healthcare field
- Record of academic excellence
- Residency in the geographic area served by Avon Grove, Kennett, Octorara, Oxford and Unionville-Chadds Ford School Districts

Applications may be obtained from and should be returned to:

**ALMA NEWLIN EDUCATIONAL FUND**  
c/o The Health & Welfare Foundation of Southern Chester County  
P.O. Box 374  
West Grove, PA 19390  
Website: [www.HWFSCC.org](http://www.HWFSCC.org)

### GUIDELINES FOR APPLICANTS

The criteria for applying for a Newlin Scholarship is straight forward and outlined above (and in the Instructions for Scholarship Application section). As the number of applications has increased, so has the competition level for receiving a scholarship. The Alma Newlin Fund Committee offers the following suggestions for prospective applicants and for the parents and guidance counselors who are advising them:

1. Scholarships are awarded to previously graduated or graduating high school seniors for **academic excellence**. The selection committee has established that the minimum unweighted cumulative grade point average for consideration for a scholarship is 3.0. In addition, **the committee looks seriously at the applicant's volunteer activities and his or her demonstrated commitment to and preparation for a particular area of study in the health sciences.**
2. The applicant must **demonstrate intent to further his or her education by applying to and gaining acceptance to an accredited college, university or professional training**

**program.**

In the past, the selection committee has funded scholarships in the following areas: pre-med, nursing, microbiology, medical research, physical, occupational and speech therapies, dentistry, dietetics, psychology, pharmacy and other related health sciences.

3. The individual award has historically been \$2,500 with the goal of providing students with more significant support to advance their educational goals. This is, of course, at the discretion of the Foundation.
  
4. **Scholarships are made one time, for a single year**, for undergraduate education. As of 2009, one additional grant for post-graduate education may be considered at the discretion of the selection committee.
  
5. Award checks are distributed to recipients between May 1 and July 30, upon receipt of an official college acceptance letter. Scholarship checks are made payable **ONLY** to the institution. If the awarded student receives full tuition from another source, the Alma Newlin funds **MUST** be forfeited.

Questions about this application may be directed to:

Constance K. Logan at (610) 357-4100 or email [almanewlinscholarshipfund@gmail.com](mailto:almanewlinscholarshipfund@gmail.com)

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c/o The Health & Welfare Foundation of Southern Chester County

P.O. Box 374

West Grove, PA 19390

### INSTRUCTIONS FOR SCHOLARSHIP APPLICATION

#### 1. APPLICATION

The Alma Newlin Educational Fund Scholarship Application must be completed in full by the applicant and submitted in accordance with these instructions.

The application and all supporting materials must be clearly legible and in English or with an English translation attached.

Letters must be originals on one side of a single sheet of 8.5 by 11 inch paper and must be signed by the author.

The application should be detached and forwarded to the address shown above.

#### 2. EXHIBITS

Exhibits should be neat, concise, chronologically arranged and in proper order (see #3 below).

Exhibits needed in addition to the official application are:

A. A statement by the applicant of no more than 250 words summarizing his or her academic accomplishments, educational objectives, and a description of his or her commitment to a career in the health sciences.

B. Two brief letters of endorsement, each from a responsible person not related to the applicant who has had the opportunity personally to observe the applicant and who can give an objective opinion of the character, initiatives, disposition and general worthiness of the applicant. These should also speak to the applicant's suitability for a health care career and should address this scholarship application.

C. Documentation of academic record (high school transcript including national test scores, **unweighted** cumulative grade point average, college admission test scores, and current year grades through the winter semester). For continuing education applicants a **full official college transcript** is needed.

**3. ORDER OF EXHIBITS**

A. Application

B. Summary statement by applicant

C. Two endorsement letters (specific to Alma Newlin Scholarship application)

D. Documentation of school work (Official transcript of high school and/or current college Academic Record.) **UNOFFICIAL TRANSCRIPTS CAN RESULT IN THE DENIAL OF AWARD.**

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**SCHOLARSHIP APPLICATION**

Please read and follow the instructions that accompany this application. **Only complete applications will be considered.**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_ ZIP CODE: \_\_\_\_\_

SCHOOL DISTRICT IN WHICH YOU RESIDE:  
\_\_\_\_\_

PREVIOUS YEAR RECEIVED ALMA NEWLIN SCHOLARSHIP:  
\_\_\_\_\_

HIGH SCHOOL ATTENDED OR ATTENDING: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MONTH/YEAR YOU WILL OR DID GRADUATE OR RECEIVE G.E.D.: \_\_\_\_\_

IF APPLICABLE, CURRENT POSITION HELD: \_\_\_\_\_

SHOW COLLEGES APPLIED TO, WHERE ACCEPTED, AND WHICH CHOSEN, IF DECIDED.

COLLEGE APPLIED TO:	ACCEPTED:	CHOSEN:
_____	_____	_____
_____	_____	_____


MOST RECENT *UNWEIGHTED* GRADE POINT AVERAGE: \_\_\_\_\_

1.

LIST TYPES OF VOLUNTEER SERVICE (INCLUDE ORGANIZATION'S NAME, YOUR POSITION, LENGTH OF SERVICE AND CONTACT PERSON WITH PHONE NUMBER) THAT HAVE IMPACTED YOUR EDUCATIONAL/CAREER CHOICE:

2. LIST BOTH SCHOOL AND NON-SCHOOL GROUPS TO WHICH YOU BELONG (OR BELONGED) AND/OR EXTRACURRICULAR ACTIVITIES WITH WHICH YOU ARE (OR WERE) INVOLVED. INCLUDE LEADERSHIP POSITIONS HELD, HONORS OR AWARDS WON AND ANY OTHER INFORMATION YOU FEEL IS IMPORTANT:

3. WORK EXPERIENCE THAT HAS IMPACTED YOUR CAREER CHOICE:

4. STATE INTENDED COURSE OF STUDY (i.e. PRE-MED, NURSING, ETC.):

Please sign your name below to attest to the accuracy of the information provided on the above application and on the accompanying materials. By signing you also authorize the Alma Newlin Selection Committee to contact any institutional or personal references listed

in the application materials, if needed. You also acknowledge that award winners names will be announced publicly (including, but not limited to, your school, in the local newspapers, or on our website.)

Applicant's Signature: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

If applicant under the age of 18:

Parent/Guardian Signature: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\* Note that this application becomes the property of the Health and Welfare Foundation of Southern Chester County and will be destroyed within 90 days of award dispersal.



#### **4. JUDGING CRITERIA**

Judging will be based on the following:

- A. Academic Record (the most important criterion) – full OFFICIAL transcripts **including current year grades through winter semester**, test scores (if missing applicant may be denied scholarship.)
- B. Motivation – demonstrate commitment to a course of study in the health sciences
- C. Other Skills – activities that show aptitude toward chosen vocation
- D. Application – completeness, neatness, following of directions

**\* ALL DECISIONS BY THE SELECTION COMMITTEE ARE FINAL.**

RETURN COMPLETED APPLICATION PACKET TO:

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#### **IMPORTANT ANNUAL DEADLINES:**

APPLICATION DEADLINE: February 28 (Postmarked no later than)

SELECTION OF RECIPIENTS: April 1

NOTIFICATION OF RECIPIENTS: April 15

Annual Awards may be announced during the senior award ceremonies at participating high schools.