

**UPPER DUBLIN TOWNSHIP  
BOARD OF COMMISSIONERS**

**NORTH HILLS COMMUNITY EDUCATION GRANT  
SELECTION CRITERIA**

1. Applicant must currently live in Upper Dublin Township.
2. Applicant must have been an Upper Dublin resident for at least two (2) years prior to making application.
3. Applicant must live within the boundaries of the North Hills Neighborhood of the Upper Dublin community. Boundaries are defined as Pennsylvania Ave./Mt. Carmel Ave. (south); Chelsea Ave. and Limekiln Pike (east); Jackson Ave. (west) and Beechwood Ave. (north).
4. Applicant must be a high school graduate at the time of application. Applicant may have graduated from any accredited high school or have earned a GED. Applications are not limited to Upper Dublin High School graduates. A copy of the applicant's diploma or GED certificate is required at the time the application is submitted. Any current high school senior can apply and will be considered. In order to receive the grant, a copy of the diploma will be required.
5. Applicant must use the grant before the end of the calendar year or school year (whichever is greater) in which it is awarded to attend an accredited post secondary school, trade school or training institute.
6. Grant may be used only for "last dollar expenses." These are any costs related to post-secondary education not already covered by another scholarship, grant or stipend.
7. Applicant may apply for and receive this grant more than once. However, no previous recipient will receive a subsequent grant should there be other eligible entries that have not previously received the grant.
8. Grant amount will be equal to the interest generated in the preceding year, with a maximum not to exceed \$1000 and a guaranteed minimum of \$500.
9. If not awarded in any year, the grant amount available will be added to the principle.
10. Application attached. Only these forms will be accepted. Applications are available:
  - To download a form: visit [www.upperdublin.net](http://www.upperdublin.net) click on *BOARDS AND COMMISSIONS*; click on *NORTH HILLS COMMUNITY EDUCATION GRANT*
  - To have an application mailed to you, please call (215) 643-1600 x3220 (Lorraine Narducci), to register your name, address and telephone number. A copy will be mailed.

**UPPER DUBLIN TOWNSHIP BOARD OF COMMISSIONERS  
NORTH HILLS COMMUNITY EDUCATION GRANT  
APPLICATION**

Please type all information.

**A. APPLICANT:**

1. Name:       MR.       MRS.       MS.      \_\_\_\_\_

2. Address: \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

3. Phone:      (      ) \_\_\_\_\_

4. How long have you lived in Upper Dublin? \_\_\_\_\_

5. High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

*Please attach one copy of your transcript to this application.*

6. Extracurricular activities: \_\_\_\_\_  
\_\_\_\_\_

*Please attach additional sheets if necessary.*

7. Honors/Awards received: \_\_\_\_\_  
\_\_\_\_\_

*Please attach additional sheets if necessary.*

8. Military Service Unit (if applicable): \_\_\_\_\_ Dates: \_\_\_\_\_

*Please attach a copy of your discharge papers.*

9. Military Honors/Awards received: \_\_\_\_\_  
\_\_\_\_\_

*Please attach additional sheets if necessary.*

**B. COLLEGE / SCHOOL / INSTITUTE TO WHICH YOU HAVE BEEN ACCEPTED AND WILL ENROLL:**

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

3. Phone:      (      ) \_\_\_\_\_

**C. REFERENCES:** Two required (not family members). Please list on the reverse side of this form

**D. WRITING SAMPLE:** Attach an essay describing, "How Continuing My Education Can Benefit My Community."

"Community" may be interpreted as narrowly or as broadly as you see appropriate and relevant.

This essay is limited to 200 words, typed and double-spaced.

*/ wish to be considered for the Upper Dublin Board of Commissioners North Hills Community Education Grant.*

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

Applicant Name: \_\_\_\_\_

UPPER DUBLIN TOWNSHIP BOARD OF COMMISSIONERS  
NORTH HILLS COMMUNITY EDUCATION GRANT

REFERENCES

NAME	ADDRESS	TELEPHONE	RELATIONSHIP TO APPLICANT

To be considered for an Education Grant for the coming academic year, this completed application and all attachments must be returned by June 1st of the current academic year to:

North Hills Community Education Grant  
c/o Mr. Paul Leonard, Township Manager  
Upper Dublin Township  
801 Loch Alsh Ave.  
Fort Washington, PA 19034

Questions regarding this application?

Contact the Upper Dublin Township Manager's Office at (215) 643-1600 x3219

<b>SCHOLARSHIP COMMITTEE USE ONLY:</b>	Date received: _____	<input type="checkbox"/> Transcript
	Application complete:	<input type="checkbox"/> N/A    Military Service Discharge Papers <input type="checkbox"/> References <input type="checkbox"/> Writing Sample <input type="checkbox"/> Other: _____
	Date considered: _____	Awarded: YES ____ NO ____
	Comments: _____ _____ _____	
	Applicant notified by letter: YES    date: _____ by: _____	
	Applicant response received: YES    date: _____ by: _____	
	Funds dispensed and mailed? YES    date: _____ by: _____	