

**SLIPPERY ROCK UNIVERSITY  
STANLEY B. KRAUS SCHOLARSHIP APPLICATION**

Print or type clearly. Applications must be postmarked by April 28th. Finalists will be announced at the Neshannock High School awards assembly. You may apply for this scholarship yearly if you maintain a full-time status at Slippery Rock University.

**STUDENT INFORMATION:**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (        ) \_\_\_\_\_ Date of Birth (DOB): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ H.S. Graduation Year: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Student's Cumulative College Grade Point Average on a 4.0 Scale or a Percentage (GPA): \_\_\_\_\_

Intended Major (If known): \_\_\_\_\_

Are you receiving any other scholarships?: \_\_\_\_\_

If yes, please list them: \_\_\_\_\_

Write or type a short essay describing why you deserve the Stanley B. Kraus Scholarship Award:

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I hereby certify that the information on this form is true and correct to the best of my knowledge and the student is in good standing in the school.

Signature of College Advisor: \_\_\_\_\_ Date: \_\_\_\_\_  
(only original signature accepted)

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

Applications may be submitted to:

Brenda DeVincentis  
High School Counselor  
Neshannock High School  
3834 Mitchell Road  
New Castle, PA 16105

