



## 2024-2025 Scholarship Application

The Dr. Arthur J. and Helen Horvat Foundation Scholarship is providing scholarships for deserving students. Truist is the facilitator of the scholarship fund.

### Application Process

There are two (2) parts to the application process:

1. You must print out (one-sided copies only), complete this application packet and scan and email to the address listed at the end of the last page of the application. Please type all responses.
2. You must also submit all required documentation. (see list on next page).
3. Sign where indicated.

### Eligibility

- Applicants must be high school seniors, current college students, or graduate students.
- Applicants must have resided within the boundary limits of Duryea, Avoca, Dupont, Pittston City, Pittston Township, Jenkins Township, Yatesville, Hughestown, Suscon, Old Forge, Taylor, Moosic and Ransom Township for at least one year prior to graduating high school and/or completing an application for the Horvat Foundation Scholarship. Addresses will be checked closely for eligibility.
- Applicants must be science students. By science students, it is meant a field of study in chemistry, physics, biology, the life sciences, or some other related major leading to a career in the medical or health profession.
- High school senior applicants must maintain grades that fall within the top 10% of their class and be participating in an academic curriculum which would qualify them for acceptance into a science-related field.
- College applicants must maintain a cumulative GPA of 3.0 on a 4.0 scale.
- Family income of qualifying students cannot exceed amounts set by Trustees. Current adjusted gross income limitations are: \$77,535 for one dependent, \$82,183 for two dependents and \$86,750 for three or more dependents.

### Submission Deadline & Requirements

- Complete application and all supporting documents must be received by midnight EST on **May 13, 2024**.
- No exceptions will be made to the deadline.
- Incomplete applications will not be accepted.
- Application must be signed by hand and scanned. Typed (in any font) or digital signatures will not be accepted.
- All documents must be sent in pdf format. No photos of documents will be accepted. (Adobe Scan is a free app that will turn any document into a pdf.)
- Please black-out all social security numbers on tax returns before scanning them.

# Complete This Application Packet

You must submit the following additional materials:

## **Additional Materials Required for BOTH Dependent Students and Independent Students**

1. Applicants who are graduating from high school must submit an **OFFICIAL TRANSCRIPT** with grades, cumulative **GPA, RANK IN CLASS, SAT/ACT** scores posted through the Spring semester for high school seniors.
2. Submit a **STATEMENT OF LIFE PLANS**. This must include your educational goals and vocational goal toward a career in a specific health care field. Including your reasons for your goal choices is important for the Selection Committee. Recommended length is 500 words.
3. Attach a page with **ACADEMIC, HONORS, LEADERSHIP, AND COMMUNITY SERVICE, etc.**
4. Dependent students must submit a signed copy of a parent's **FEDERAL TAX FORM 1040** (pages one and two only) for both parents (if applicable) for the latest year these forms were filed. Independent students must submit a signed copy of parent's **FEDERAL TAX FORM 1040** (pages one and two only) for both parents (if applicable) for the latest year these forms were filed **AND** a signed copy of their **FEDERAL TAX FORM 1040** (pages one and two only) for the latest year these forms were filed.

## **Additional Materials Required for Independent Students**

1. Applicants must be 18 years or older.
2. Applicants must maintain permanent residence separate from parents' or other relatives' home. Evidence of separate address must be included with application (ie. copy of driver's license, voter registration, etc.). Evidence must be dated prior to the date of the application. Applicant must submit a signed copy of their lease agreement.
3. Applicants must submit a budget statement showing income and expenses.
4. Submit a copy of health insurance card, car registration, voter registration card and cover sheet from auto insurance policy all evidencing student as owner. Exception: Students up to age 26 may be covered under parents' health insurance per Affordable Care Act of 2010.
5. Applicants must submit a copy of student loan account balance.
6. Applicants must submit signed copies of personal income tax returns (Federal) for BOTH applicants and parents (Note: If you are not claimed by your parents and did not file taxes on your own, you must submit in writing a statement that you had no earned income and did not file a tax return).
7. Applicants cannot be considered for independent status if any of the following statements are true:
  - Applicant will be a college freshman.
  - Applicant is claimed as a dependent on parents' federal or state income tax return.
  - Applicant is covered under parents' health, dental or automobile insurance. See exception above under Number 4.
  - Applicant lives in a home with the parents at any time during a calendar year.
  - Applicant's automobile is registered in parent's name.
8. ALL proof of independent status (i.e., health insurance card, car registration, etc.) must be dated prior to the

date of the application.

## Value of Scholarship Award

The number of recipients and the amount of each scholarship may vary from year to year due to fluctuations in the Fund's value and/or applicable document restrictions. Subject to the trust terms, the awards are only to be applied to the cost of tuition, fees, books and supplies and should not exceed these costs. Scholarship awards must be used in the year they are awarded.

Failure to submit the required materials will result in the permanent loss of the scholarship. Unused funds must be returned to the Dr. Arthur J. and Helen Horvat Foundation Scholarship.

## Schools Recipient May Attend

Recipients may attend any accredited, public or private, two-year or four-year college, university, technical college or graduate school. All recipients must be full-time each semester and working toward a degree in science. By science, it is meant a field of student in chemistry, physics, biology, the life sciences, or some other related major leading to a career in the medical or health profession.

The institution must be an educational organization that normally maintains a regular faculty and curriculum and normally has a regularly enrolled body of pupils or students in attendance at the place where its educational activities are regularly carried on. To the extent the institution is involved in the selection of the recipients (if at all), such involvement must comply with the Fund's policy of awarding scholarships on an objective and non-discriminatory basis as well as the Fund's Conflict of Interest Policy.

## Inability to Attend Consecutive Semesters

Extenuating circumstances requiring a student to sit out a semester must be explained in writing to Trust. You will be notified of the final decision. If a recipient is out for a semester, then that semester is forfeited.

## Scholarship Selection

Applicants who successfully meet **ALL** the eligibility requirements, including the residency requirement, and who meet the filing deadline requirements are selected to receive the scholarship.

## Scholarship Recipient Notification

All recipients will be notified by email and U.S. mail.

## Renewable Scholarship

Scholarship may be renewable. All applicants must submit a new complete application each year.

**Dr. Arthur J. and Helen Horvat Foundation Scholarship**  
**Pre-Qualifying Criteria and Questions**  
**(please answer yes or no to each question)**

**A. High School:**

I am currently a **High School Senior** who maintains grades that fall within the top 10% of my class.

\_\_\_\_\_

I am participating in an academic curriculum that will qualify me for acceptance into a science-related field.

\_\_\_\_\_

**B. Post High School:**

I am currently a College Student or a Graduate Student studying chemistry, physics, biology, life sciences or some other related major leading to a career in the medical or health profession.

\_\_\_\_\_

I maintain a cumulative GPA of 3.0 or higher on a 4.0 scale.

\_\_\_\_\_

**C. All:**

I reside within the prescribed areas as specified by the Horvat Foundation rules.

\_\_\_\_\_

My current family-adjusted gross income falls within the limitations of the Horvat Foundation rules: \$77,535 for one dependent or less, \$82,183 for two dependents, and \$86,750 for three dependents or more.

\_\_\_\_\_

\_\_\_\_\_

I am completing this survey as:

A dependent student

\_\_\_\_\_

An independent student

\_\_\_\_\_

Are you an employee or a family member of Truist Bank, their spouses, ancestors, children, grandchildren, great-grandchildren or the spouses of their children, grandchildren or great-grandchildren?

\_\_\_\_\_

***By signing this application, I am confirming that all information is true and correct. I understand that if any information is found to be incorrect, I will forfeit the scholarship and will be required to repay any amounts received.***

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

# TERMS OF AGREEMENT

YOU MUST PRINT AND SIGN THIS PAGE. INCLUDE THE SIGNED FORM IN THE APPLICATION PACKET.

I understand that certain persons **may not be eligible** to apply for this scholarship. In order to avoid potential conflicts of interest or the appearance thereof and in order to avoid certain forms of self-dealing described in Section 4941 of the Internal Revenue Code, the following persons shall not be eligible for or receive any scholarship offered by the Dr. Arthur J. and Helen Horvat Foundation Scholarship.

- Any 'Interested Person': (which term includes, for the purposes of this document, any donor, trustee, selection committee member, advisory board member, and staff members of the Fund, and those otherwise deemed to be 'disqualified persons' under the Internal Revenue Code);
- the spouses and ancestors of interested persons;
- the children, grandchildren, and great-grandchildren of interested persons;
- the spouse of any child, grandchild, or great-grandchild of an interested person;
- current employees of Truist and their spouses, ancestors, children, grandchildren, great-grandchildren and the spouses of such children, grandchildren and great-grandchildren.

I acknowledge that I have read and agree to provide the additional materials required to complete my application.

I certify that the information contained in this application and all other materials submitted by me for consideration of this scholarship are to the best of my knowledge accurate and true. I also certify that the personal statement is my own work.

I authorize my school to provide the Awards Advisory Committee with any and all requested information concerning my enrollment, grades, SAT/ACT scores or any combination of the above, and any other information deemed necessary by the Awards Advisory Committee to enable them to make an informed decision regarding the selection of recipients.

I give Truist permission to list my name as a scholarship recipient on the Horvat Scholarship website if I am chosen as a recipient.

I understand that this is a competitive scholarship program. Scholarships shall be awarded on an objective and non-discriminatory basis, with neither race, creed, color, sex, age, religion, national origin nor disability being considered. Selections are based on information received from the application and the additional materials postmarked by the deadline. Decisions of the committee are final and justification for recipient selection(s) by the Awards Advisory Committee and Truist will not be disclosed under any circumstances.

I understand that if I do not submit all the required materials by the postmark deadline that I will not be considered for a scholarship.

I have read the above terms and certify that I am eligible to apply for a scholarship and that I will abide by these terms.

YOU MUST PRINT AND SIGN THIS PAGE. INCLUDE THE SIGNED FORM IN THE APPLICATION PACKET.

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

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Name \_\_\_\_\_

(By signing your name you certify that you agree to the terms of this scholarship process.)

Legal Address of Student: \_\_\_\_\_



**Complete this section if you are a high school senior:**

Name of High School: \_\_\_\_\_

Anticipated date of High School graduation: \_\_\_\_\_

**Complete this section regarding your current college information:**

Currently enrolled at (name of college): \_\_\_\_\_

Classification at the time of application: \_\_\_\_\_

Anticipated date of college graduation: \_\_\_\_\_

I am a science major studying in the following college major: \_\_\_\_\_

**Complete this section regarding your college plans for the upcoming academic year:**

Name of college planning to attend (1st choice) \_\_\_\_\_

City/State location of college: \_\_\_\_\_

Type of college (2-year or 4-year) \_\_\_\_\_

Name of college planning to attend (2nd choice) \_\_\_\_\_

City/State location of college: \_\_\_\_\_

Type of college (2-year or 4-year): \_\_\_\_\_

Classification for upcoming fall term: \_\_\_\_\_

Anticipated date of college graduation: \_\_\_\_\_

Yearly estimated cost of: Tuition: \_\_\_\_\_ Books: \_\_\_\_\_ Fees: \_\_\_\_\_ Room and Board: \_\_\_\_\_

**Complete this section regarding or applied for financial aid:**

Will you be receiving any other form of scholarship aid for the upcoming academic year? \_\_\_\_\_

If yes, list the name of each scholarship	Award amount	Renewable	Applied for/Known
---	--------------	-----------	-------------------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

**Complete this section regarding your work information:**

Are you currently employed? \_\_\_\_\_  
If yes, are you working full-time or part-time? \_\_\_\_\_  
If yes, what type of work do you do? \_\_\_\_\_  
If yes, where are you employed? \_\_\_\_\_  
Are you a dependent or independent student? \_\_\_\_\_

**Note: If you are applying as an independent student, please make sure you have read and meet all the requirements before you apply as an independent student.**

**Complete this section regarding your family information:**

Father's name: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Position: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Years with firm: \_\_\_\_\_  
Mother's name: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Position: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Years with firm: \_\_\_\_\_  
Student's name: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**PLEASE EMAIL COMPLETED APPLICATION AND SUPPORTING DOCUMENTS TO:**

**Kristin Coggins**

Assistant Vice President

Truist

kristin.coggins@truist.com

919-716-9457

Please contact us directly if there are documents which cannot be sent via email.

