

# Megan O'Shea/Durst Scholarship Application

*Megan Durst was a special education teacher who loved her family, job, and life. She was a caring, kind person who was loyal to all those she taught and loved. Megan lived her life with integrity and received much joy from helping others.*

Please return your application securing all pages together with a paper clip. If you have any questions about anything in this packet please email Robin Shaffer at [rshafe@zoominternet.net](mailto:rshafe@zoominternet.net)

**DO NOT WRITE ON THE BACK OF ANY  
PAGE OF THIS APPLICATION.**

Applications are to be turned in by  
**May 25, 2011**

Thank You

**Megan O'Shea/Durst SCHOLARSHIP NOMINATION  
FORM**

1. This scholarship is intended for those seniors majoring in EDUCATION or more specifically SPECIAL EDUCATION.
2. Any senior that has already received a full scholarship does not qualify for this scholarship.
3. Nomination forms should be completed by the nominee, and references should be completed by a school representative or someone with similar authority, ie. any one of the following: PRINCIPAL, ADMINISTRATOR, GUIDANCE COUNSELOR, TEACHER, CLERGY, BUSINESSMAN etc.
4. **Nominations must be received no later than May 25, 2011 and turned into the guidance office to Ms. Michelle Kostlich or email it to rshafe@zoominternet.net.**
5. All information must be typed or printed in a clear, legible manner and attached to this nomination form. Do **NOT** use the back of any paper.
6. **PLEASE ATTACH TRANSCRIPT TO THIS FORM.**  
On the following attached pages, please answer the questions as thoroughly as possible.

**NAME OF  
NOMINEE** \_\_\_\_\_

**NOMINEE HOME  
ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**HOME PHONE  
NUMBER** \_\_\_\_\_

**Family's estimated yearly income** \_\_\_\_\_

How will you be paying for college? Please check all that apply.

\_\_\_\_\_Grants \_\_\_\_\_Amount \_\_\_\_\_Scholarships \_\_\_\_\_Amount

\_\_\_\_\_loans \_\_\_\_\_Parental commitment \_\_\_\_\_Your responsibility

**COLLEGE YOU HOPE TO  
ATTEND** \_\_\_\_\_

**YEARLY COST** \_\_\_\_\_

**INTENDED MAJOR** \_\_\_\_\_

*I attest that all facts contained in this nomination packet are true and I give permission for the facts to be used for publication.*

\_\_\_\_\_  
**Nominee Signature**

\_\_\_\_\_  
**Date**





REFERENCE FORM

NOMINEE'S  
NAME: \_\_\_\_\_

REFERENCE  
FROM: \_\_\_\_\_ POSITION: \_\_\_\_\_

Summarize why you believe the Nominee should be selected as the recipient of the Cranberry CUP Philanthropic Scholarship. Each area is equally weighed in evaluating the Nominee. To the extent possible, comment on the criteria characteristics in selection of this Award:

Citizenship, Community Service, Dedication, Loyalty, Character, Honesty,  
Academic Achievement, Leadership, Morality

**I attest that all facts contained in this reference form are true and give my  
permission for my comments to be used for publicizing this award.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Page 4**