THE COLIN U. MILLER AND MARY HAY MILLER
CHARITABLE TRUST FOR THE ADVANCEMENT OF EDUCATION

APPLICATION FOR SCHOLARSHIP FUNDS

The Colin U. Miller and Mary Hay Miller Charitable Trust for the Advancement of Education was created at the direction of Elizabeth Ann Norris, in memory of her parents Colin U. Miller and May Hay Miller, so that their dedication to the pursuit of academic excellence could benefit those students who exhibit a level of scholastic achievement and dedication to education and community deserving of recognition and reward.

INSTRUCTIONS AND INFORMATION

Eligibility

In order to be considered for receipt of any scholarship or grant from the Colin U. Miller and Mary Hay Miller Charitable Trust for the Advancement of Education, you must be accepted into an accredited college or university. You must provide all of the information requested in this Application Form and any other academic information which the Trustees may request. If you are selected to receive a scholarship or grant, you must remain enrolled in an accredited college or university, and must maintain a grade point average of 3.0 on a scale of 4.0, of 80 on a scale of 100, of a B average, or the equivalent, depending on the grading system at your college or university. You must also remain in good standing at your college or university, and any disciplinary action may result in revocation of your scholarship or grant. You must submit to us copies of each grade transcript or report of grades issued by your college or university within ten days of the date of issuance. You must also give us written authorization to contact your college or university to verify your enrollment and academic and disciplinary status.

The Trustees, their relatives, their employees, employees of any related corporation and relatives of employees are all ineligible for receipt of a scholarship or grant. The Trustees are the AmeriServ Trust & Financial Services Company, a subsidiary of AmeriServ Financial, Inc., and Margaret A. O'Malley, all of Johnstown, Pennsylvania.

Types and Amount of Funding Available

The Colin U. Miller and May Hay Miller Charitable Trust for the Advancement of Education will provide a limited number of grants for those students who demonstrate a high level of academic achievement and dedication to excellence. All Funds will be paid directly to the accredited college or university in which the student is enrolled. No funds will be paid directly to any student or other individual. The amount of funding available is determined by the income of the Trust and the number and quality of applicants for funds. Funding is to be used for education-related purposes only. All decisions are made at the sole discretion of the Trust.
Criteria by Which Funds are Awarded

Funds will be awarded at the sole discretion of the Trust to those students who demonstrate the highest academic achievement and dedication to the pursuit of excellence both through their grades in school, results of standardized testing and college boards, and through their involvement in their community. A lack of financial need will not necessarily prevent an otherwise deserving student from receiving an award, but financial need will be considered. This Trust does not discriminate on grounds of race, color, creed, national or ethnic origin, religion, sex or age. We are interested in your academic achievement and dedication, with appropriate consideration of financial need.

Where to Submit Your Application

Completed applications should be mailed to the Colin U. Miller and Mary Hay Miller Charitable Trust, c/o AmeriServ Trust & Financial Services Company, P.O. Box 520, Johnstown, Pennsylvania, 15907-0520. All contact with the Trust must be in writing. No telephone or in person inquiries will be accepted.

Deadline for Submission of Your Application

Your completed Application must be received by the Trust on or prior to May 15 of the year for which you seek a scholarship or grant. For example, if you are requesting a scholarship or grant for the 2019/2020 academic year, your application must be received by the Trust on or before May 15, 2019. If you are selected to receive a scholarship or grant, the Trust will notify you in writing on or before June 15 of the year of your application. For example, if you request a scholarship or grant for the 2019/2020 academic year, and you are selected to receive a scholarship or grant, you will be notified in writing on or before June 15, 2019. No scholarship or award will be given, and no decision as to the identity of the student or students to receive any scholarship or award will be made until the deadline for submission of applications has passed, so that all applications may be fully considered.
APPLICATION

Please Type or Print

Full Name ________________________________

Address __________________________________

________________________________________

Telephone Number (___) ______________________

Social Security Number _______________________

Provide the name and address of the accredited college or university to which you have been accepted, and which you are or will be attending. State the amount of your total yearly tuition and your approximate expenses for books and supplies.

List all High Schools, Preparatory Schools, Junior Colleges, Colleges and Universities which you have attended or are attending, including for each school its name, address, dates that you were enrolled, your class rank if available, whether you graduated and if not, your estimated date of graduation. For each school listed, attach to this application a complete transcript of all grades received to date.

Identify each college board which you have taken, the date on which you took each board, your score and your percentile ranking. You must also attach copies of your test results, or have the testing agency send the results to us directly so that they are received by the deadline for submission of this application.
List all employment positions which you have held during the past five years, including the name and address of your employer, your job title(s), the approximate number of hours which you worked per week, whether you still hold each position and if not, your reason for leaving each position and the dates that you held each position.

Identify all community and charitable organizations of which you are a member, in which you hold any office, title or position, or for which you volunteer on a regular basis. For each organization, provide the name of the organization, its address, and a full description of the nature and extent of your involvement with the organization, how your involvement benefited the community or society and the dates of your involvement.
Identify any other extracurricular activities which you wish us to consider in determining your dedication to your community.

Please provide us with any other information which you wish us to consider in determining whether you qualify for or receive a scholarship or grant.
IF YOU WANT US TO CONSIDER FINANCIAL NEED in determining whether you receive a scholarship or grant, provide all of the information requested on this page.

State the total amount of your annual household income for each of the past five years. Identify the sources of said income by name, relationship to you, address and Social Security Number. Attach copies of the Federal Income Tax Returns filed by or on behalf of each source of income for the past five years.

Identify by name, relationship to you, address and Social Security Number all persons and entities who/which provide you with any financial support or assistance. For each source of financial support or assistance, state the total amount of money provided to you per year.

Identify all other scholarships, grants and awards which you are or will be receiving, including the name and address of the sponsoring party, the amount of each scholarship award or grant and the dates for which the scholarship, award or grant will be provided.

Attach an itemized list of your approximate yearly expenses.

Set forth any other financial information which you wish us to consider.
PLEASE TELL US WHY YOU BELIEVE THAT YOU ARE THE BEST QUALIFIED APPLICANT FOR A SCHOLARSHIP OR GRANT, AND PROVIDE US WITH ANY OTHER INFORMATION WHICH YOU WISH US TO CONSIDER IN REVIEWING YOUR APPLICATION:
CERTIFICATION

The undersigned hereby certifies that all information which he/she has provided, is providing and/or will provide to the Colin U. Miller and Mary Hay Miller Charitable Trust for the Advancement of Education whether contained in this Application or otherwise is true and correct to the best of his/her knowledge, information and belief.

The undersigned further certifies that neither he/she nor any member his/her family is a relative or employee of AmeriServ Financial, Inc., AmeriServ Trust & Financial Services Company or Margaret A. O'Malley, all of Johnstown, Pennsylvania.

Dated: ____________________________

(Signature)

(Type or Print Your Name)
AUTHORIZATION

The undersigned hereby consents and requests that the Colin U. Miller and Mary Hay Miller Charitable Trust for the Advancement of Education, its Trustees, attorneys, agents, accountants and other authorized representatives be permitted to examine and obtain copies of all academic, educational and other records maintained by any school or other educational institution, to examine and obtain copies of all test results, including college board results and to interview all teachers, educators and other personnel at any school or other educational institution or testing facility to secure any information concerning the undersigned.

The undersigned agrees and directs that a photocopy of this Authorization shall be accepted with the same authority as the original.

The undersigned agrees and directs that this Authorization shall remain valid for at least one year from the date of its execution.

__________________________________________
(Signature)

__________________________________________
(Type or print your name)

__________________________________________
(Social Security Number)

Sworn to and subscribed before me
this ____ day of ____________, 20__

__________________________________________
Notary Public