



C/O American Lung Association  
Suite 140  
810 River Avenue  
Pittsburgh, PA 15212  
1800-LUNG-USA  
412-321-4029

TOBACCO RESISTANCE UNIT ANNUAL SCHOLARSHIP AWARDS  
PROGRAM

**Eligibility Criteria:** You are eligible to apply if you are a high school senior who is a legal U.S. resident graduating and who will enroll in a full-time undergraduate course of study during the upcoming school year at an accredited two- or four-year college, university or vocational-technical school in the U.S. The Tobacco Resistance Unit Scholarship is based on the following criteria: 1) Number of community volunteer service hours 2) The applicant's short essay on volunteer service in tobacco control 3) The applicant's list of volunteer leadership awards and honors 4) Appraisal form completed by volunteer supervisor or leader 5) A Grade Point Average (GPA) of C/2.0 level (or higher) Final selection of scholarship recipients will be made by a scholarship committee established by the American Lung Association in Pennsylvania. All recipients will be notified by the American Lung Association of Pennsylvania by May 15.

**Application Criteria:** Application materials are distributed early winter to high schools with seniors. In addition, application materials are available on-line at the Tobacco Resistance Unit web site and requests for application materials can be made on-line. Application materials cannot be faxed or e-mailed. All application materials must be received at the American Lung Association of Pennsylvania office no later than 5 PM EST, April 15.

**Additional Information:** The Tobacco Resistance Unit Award Program consists of three \$1,000.00 awards and two \$500.00 awards available to Pennsylvania seniors matriculating to higher education. The program grants scholarship to recipients continuing their education or training beyond high school regardless of the length of their planned education or training and no matter what career path they choose.

**Mail Application to:** American Lung Association  
c/o: Cassandra Wood  
810 River Avenue Suite 140  
Pittsburgh, PA 15212

TOBBACO RESISTANCE UNIT ANNUAL SCHOLARSHIP AWARDS

PROGRAM Opening Date: Fall 2016 Closing Date: 5 PM E.S.T., April 15, 2017

(Please Print Clearly)

PERSONAL INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

High School Attended: \_\_\_\_\_

Tru Group Name: \_\_\_\_\_ Tru Advisor: \_\_\_\_\_

Year Graduating: \_\_\_\_\_ GPA: \_\_\_\_\_ County: \_\_\_\_\_

Accredited two- or four-year college, university or vocational-technical school in the U.S: \_\_\_\_\_

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(Please enclose High School Transcript)

Number of Volunteer Service Hours: \_\_\_\_\_

List of Organizations you volunteered services:

List of Volunteer Service Awards and Honors:

List of Leadership positions in TRU:

## PERSONAL STATEMENT

On a separate 8 ½" X 11 White Sheet of Paper, provide a type-written, double spaced, personal statement with no less than 12 font type in 250 words or less. In the top left corner provide the following information:

Name  
County  
TRU Group Name/Advisor

The intent of the personal statement is to allow the scholarship committee with the opportunity to learn more about your leadership and volunteer service in tobacco control.

This can be a tough assignment as you stare at a blank page and decide on how to convey your contributions to the fight against the devastation tobacco use causes. As you decide what to include and not include consider these:

1. Give a brief statement about yourself, which gives insight into you as a person. Consider sharing something interesting or unusual that happened to attract you to the movement against tobacco. Share any important family history.
2. Tell us what is important to you. Why are you involved in the fight against tobacco? Who and what does your work affect?
3. And finally tell us why this scholarship is important to you

## Student Appraisal Form for Instructor

**Students:**

Please fill in your name before submitting this form to your instructor.

**Instructor:**

Please complete this appraisal form in ink and return it to the student. (*Scholarship deadline is April 15, 2016.*)

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Class/Classes: \_\_\_\_\_ Sem/Year \_\_\_\_\_

(If you are an instructor please state the class or classes on which the applicant's appraisal is based and complete the Classroom Instructor Appraisal section below.)

**A. Compared to the other students in the class or classes attended by the student, rank the student in the following areas:**

Top 5 % Top 10% Top 25 % Top 50% Lower 50% Not able to assess

1. Intellectual Reasoning Ability
2. Motivation
3. Overall academic performance

Additional Comments: (*please limit comments to this page*)

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Student Appraisal Form for Counselor, Employer, Advisor

**Students:**

Please fill in your name before submitting this form to your evaluator.

**Evaluators:**

Please complete this appraisal form in ink and return it to the student *Scholarship deadline is April 15, 2016.*)

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Evaluator's Name \_\_\_\_\_ Title: \_\_\_\_\_

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

Organization: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

*Compared to other individuals with whom you have been associated in the same or similar capacity as the applicant, rank the applicant in the following areas:*

Top 5 % Top 10% Top 25 % Top 50%` Lower 50% Not able to assess

1. Intellectual/Reasoning Ability
2. Motivation
3. Likelihood of completing a college education
4. Likelihood of success in establishing a career following the completion of a college education

Additional Comments: *(please limit comments to this page)*

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Tobacco Resistance Unit Scholarship Application**

**I have submitted to the American Lung Association in Pennsylvania:**

**Check Each Box as appropriate.**

- Personal Information
- Personal Statement
- Student Appraisal Form for Instructor
- Student Appraisal Form for Counselor, Employer
- Check off list and Signed Application
- I have stapled and signed my original application
- I have made a copy of this application for my files.
- High School Transcript

**I certify that I have written an original essay and that all statements in this application are true and to the best of my knowledge. I understand that falsification is cause for voiding this application. I affirm the correctness of the statements in this application. I hereby grant permission to the American Lung Association in Pennsylvania to share and disclose personal information with members of the appropriate selection committee. I hereby authorize the**

**If selected, I understand that American Lung Association in Pennsylvania will publicize this information. I release the right to use my name and photograph for all publications, all reports and all press releases. I understand that I will be required to write a letter of appreciation to my donor(s).**

**Both the applicant and parent/legal guardian must sign this form.**

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**Applicant Signature**

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**Date**

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**Parent/Guardian Signature**

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**Date**