

Application Form  
for the  
**DR. MATTHEW R. HADLEY  
MEMORIAL SCHOLARSHIP FUND**



Applicant's Name \_\_\_\_\_

**Application Deadline: March 30, 2007**

Administered by the McKeesport High School Alumni & Friends Association  
*An Initiative of the Mon Valley Education Consortium*

**Dr. Matthew R. Hadley**, a White Oak resident and a longtime leader on the medical staff at McKeesport Hospital, was well-known in the Mon Yough area for his dedication to his profession and to the patients he served. The many children he delivered continue to be fondly known as the Hadley Babies. Committed to children and community, Dr. Hadley practiced medicine for more than five decades. Today his memory lives on in the scholarship fund which bears his name.

## TERMS OF THE AWARD

This scholarship will be awarded to a worthy high school student each year as funds are available (awards usually are in the \$800 range). The recipient will be selected from applications from seniors at McKeesport Area, Duquesne City, Clairton City, Steel Valley, South Allegheny, and East Allegheny High Schools.

## ELIGIBILITY

Consideration for this scholarship shall be given to a worthy high school student planning to pursue a four-year full-time program at an accredited college or university. Applicants should:

- have an excellent academic high school record.
- exhibit leadership and volunteerism through extra-curricular involvement.
- have demonstrated community involvement and leadership.

## SELECTION PROCEDURE

The Scholarship Selection Committee will review and award the scholarship each year based on all eligibility requirements. The winner and his/her designated institution of higher education will be informed of the award by the Committee.

## APPLICATION PROCEDURE

1. Complete both sides of attached application.
2. Insert high school transcript complete through first semester of senior year.
3. Enclose summary of high school activities (membership, leadership, honors and service should be noted).
4. Demonstrate financial need.

**DR. MATTHEW R. HADLEY  
MEMORIAL SCHOLARSHIP FUND**

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

Student's Address \_\_\_\_\_  
\_\_\_\_\_

Student's Social Security Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

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

Year of Graduation \_\_\_\_\_ Class Rank \_\_\_\_\_ Q.P.A. \_\_\_\_\_

Name and Address of College/University Applicant Will Attend \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Marital Status \_\_\_\_\_

Father/Guardian's Employer/Title \_\_\_\_\_

Mother/Guardian's Employer/Title \_\_\_\_\_

Names and ages of other family dependents (If in higher education, indicate where and year)

Name Age Higher Education/Year

Name Age Higher Education/Year

Name Age Higher Education/Year

