

# The Roberta L. Houpt Fund Scholarship Application

## Applicant Information

Please use proper capitalization, i.e. John A Smith not JOHN A SMITH or john a smith

Prefix e.g., Mr., Miss, Ms., Mrs. Miss	First Name Tairah	Middle Initial L	Last Name Casher	Suffix e.g., Jr.
--	----------------------	---------------------	---------------------	---------------------

Pronoun  
e.g., he, she, they  
she

Nickname or Preferred Name

Address 1 Street Address 6008 Willow Spring Rd	Address 2 Apt./Unit # Apt B
--	-----------------------------------

City Harrisburg	County Dauphin County	State Pennsylvania	Zip Code 17111
--------------------	--------------------------	-----------------------	-------------------

Phone  
XXX-XXX-XXXX  
7177361371

E-mail Address  
Please provide an e-mail address you will continue to check throughout the year  
tbanks413@yahoo.com

Date of Birth April 13, 1992	Gender Female
---------------------------------	------------------

Are you Married? No	Name of Spouse if applicable
------------------------	---------------------------------

Number of Dependents and Age(s)  
if applicable  
1-10

## Family Information

Parent 1 / Caregiver 1

Relationship to Applicant

<None>

Prefix First Name Middle Initial Last Name  
e.g., Mr., Miss, Ms., Mrs.

Pronoun  
e.g., he, she, they

Employer Occupation

Address 1 Address 2  
Home Address Apt./Unit #

City State Zip  
PA

Home Phone Work Phone Cell Phone  
XXX-XXX-XXXX XXX-XXX-XXXX XXX-XXX-XXXX

E-mail Address

Please provide an e-mail address that is checked regularly

Parent 2 / Caregiver 2

Relationship to Applicant

<None>

Prefix First Name Middle Initial Last Name  
e.g., Mr., Miss, Ms., Mrs.

Pronoun  
e.g., he, she, they

Employer Occupation

Address 1 Address 2  
Home Address Apt./Unit #

City State Zip  
PA

Home Phone Work Phone Cell Phone

XXX-XXX-XXXX

XXX-XXX-XXXX

XXX-XXX-XXXX

### E-mail Address

Please provide an e-mail address that is checked regularly

Father Deceased?

No

Mother Deceased?

No

Parents Divorced?

Yes

Are you the first in your family to attend college?

Yes

List names, ages, and educational levels of siblings living in your household:

Name, Age, Grade, or Year in College & Name of College

Please provide any additional information regarding your family, if necessary:

## High School Information

High School Attended/Attending

Middletow Area High School

High School Address 1

1155 North Union Street

High School Address 2

City

Middletown

State

Pennsylvania

Zip Code

17057

High School Graduation Date

June 10, 2010

Cumulative GPA

86

Cumulative Class Rank

73

Total H.S. Class Size

152

If you are currently in high school, please provide your school counselor's name and contact information below.

Prefix

e.g., Mr., Miss, Ms., Mrs.

First Name

Last Name

Phone

XXX-XXX-XXXX

E-mail Address

## Post-Secondary Information & Educational Financing

If you are currently in high school, please list the colleges/universities to which you have applied and indicate your acceptance status.

College/University 1

Acceptance Status

<None>

College/University 2

Acceptance Status

<None>

College/University 3

Acceptance Status

<None>

Year in college for upcoming school year

Junior

Major and minor field of study

Nursing

Check this box if you plan to be a full-time student.

Yes

If you do not plan to be a full-time student,

how many credit hours are you planning to take?

Expected College Graduation Date

May 10, 2021

Please provide educational financing information for the school you will attend in the fall.

If you are unsure of what school you will attend, please provide information for your first choice school.

ALL DOLLAR FIGURES SHOULD REFLECT EXPENSES FOR ONE FULL ACADEMIC YEAR

School

Pennsylvania College of Health Sciences

Expected Annual Tuition & Fees

Total dollar figure for both fall & spring semesters

22500

Expected Annual Room & Board

Total dollar figure for both fall & spring semesters

0

Expected Annual Textbooks & Supplies

Total dollar figure for both fall & spring semesters

1300

Where do you plan to live during the school year?

Please indicate if you will be living in campus housing, commuting, living off campus etc.

Off of campus

Are you financing your own education?

No

How much of your education are you financing?

dollar figure for one academic year

If no or partial, who is helping to finance your education?

How much of your education are they supporting?

dollar figure for one academic year

Do you plan to take out student loans for the upcoming year?

Loans include federal subsidized, unsubsidized, and private loans

Yes

If yes, how much?

dollar figure

Do you plan to have employment during the academic year?

Employment includes participating in a work study program and private employment

Yes

If yes, how many hours will you work per week? How much will you earn?

Include hours and dollar figure

20-32 \$800

Use the space below to describe how you will finance the total of your education and provide any clarification needed for the answers given above.

I will use financial aid. What ever does not cover I will have to pay off by picking up extra shifts. During school I try not to work during the week so I can focus on strictly school. I will work during the weekends double shifts to make up for the week

days.

## Attachments

Title	File Name
Personal Essay	<a href="#">Field of interest Essay 22020.docx</a>
FAFSA Student Aid Report	<a href="#">SAR.pdf</a>
Other Scholarship Information	<a href="#">OtherScholarshipInformation (1).doc</a>
Student Resume	<a href="#">StudentResume (1).doc</a>
Letter of Acceptance for a Nursing Program	<a href="#">Acceptance Letter.docx</a>



### OTHER SCHOLARSHIP INFORMATION

Please list all other scholarships you have applied for (attach an additional sheet of paper if more space is needed):

Scholarship Name	Received	Amount: \$ _____
Harry N. and Melva A. Derickson _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pending	Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pending	Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	Amount: \$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	Amount: \$ _____



## STUDENT RESUME

List any school, community, and faith-based activities in which you have been involved in the last four years and note if it was while in high school (HS) or college (C). Be sure to include leadership roles and number of hours (hours per week/month/year, whichever is applicable). Make additional copies of this page if more space is needed.

School Activities	HS	C	Timeframe	FR	SO	JR	SR	Total # Hours
			Month(s) & Year(s)					
<u>Gospel Choir</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>2006</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Community & Faith-based Activities	HS	C	Timeframe	FR	SO	JR	SR	Total # Hours
			Month(s) & Year(s)					
<u>Team Mom</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Harrisburg Cougars</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>M-F 2hours</u>
<u>Womans Flag Football</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>2012-2013</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Sund 1 hr</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Awards & Honors	HS	C	FR	SO	JR	SR	Year
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Work Experience			Average Hours
Employer	Position	Dates of Employment	Worked Per Week
<u>Frey Village</u>	<u>CNA/LPN</u>	<u>2012-2017/2017-Present</u>	<u>32</u>
<u>Penn State Rehab Hospital</u>	_____	<u>Rehab Assistant</u>	<u>40</u>
<u>Middletown Homes</u>	<u>CNA</u>	<u>2010-2012</u>	<u>40</u>
<u>Mcdonalds</u>	<u>Crew manager</u>	<u>2007-2010</u>	<u>20</u>

  
PENNSYLVANIA  
COLLEGE  
of HEALTH SCIENCES

September 4, 2019

Mrs. Tairah Casher  
218 Red Cedar Ln  
Marietta PA 17547

Student ID#: 0063079

Dear Tairah,

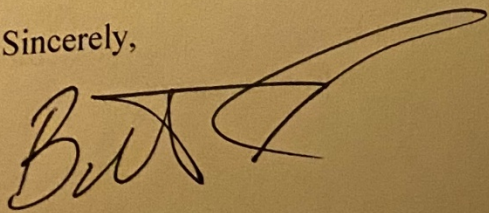
Congratulations! It is with great pleasure I write to inform you that the Admissions Committee of Pennsylvania College of Health Sciences has accepted you to the Associate in Science in Nursing Two-Year Track program for the class beginning in the August 2020 semester.

In order to reserve your space in our incoming class, please return your non-refundable enrollment deposit\* of \$500.00 made payable to Pennsylvania College of Health Sciences within the next 30 days. Your deposit will be applied toward your semester tuition. Upon receipt of your deposit, you will receive additional information via email regarding next steps in the enrollment process.

Your acceptance is based upon successful completion of any pending coursework as defined by program admission requirements. Official transcript(s) with final grades must be provided prior to the start of your program.

Should you have any questions, please do not hesitate to contact us at (717) 947-6003 or [info@pacollege.edu](mailto:info@pacollege.edu). I look forward to seeing you here at Pennsylvania College of Health Sciences!

Sincerely,



Bill Rhinier  
Director, Office of Admissions

*\*Network employees of Penn Medicine Lancaster General Health, UPHS and WellSpan Health are not required to submit an enrollment deposit.*



## Processed Information

### 2020-2021 Electronic Student Aid Report (SAR)

The SAR summarizes the information you submitted on your 2020-2021 Free Application for Federal Student Aid (FAFSA).

Application Receipt Date: 11/03/2019	XXX-XX-6697 CA 01
Processed Date: 11/04/2019	EFC: 8259
	DRN: 7772

[▼ Collapse All](#)

#### > Comments About Your Information

Learn about [federal tax benefits for education](#), including the *American Opportunity Tax Credit (AOTC)*.

Based on the information we have on record for you, your EFC is 8259. You are not eligible for a Federal Pell Grant but you may be eligible for other aid. Your school will use your EFC to determine your financial aid eligibility for other federal grants, loans, and work-study, and possible funding from your state and school.

WHAT YOU MUST DO NOW (Use the checklist below to make sure that all of your issues are resolved.)

If you need to make corrections to your information, click 'Make FAFSA Corrections' on the 'My FAFSA' page using your FSA ID. If you need additional help with your SAR, contact your school's financial aid office or click the 'Help' icon on the FAFSA home page. If your mailing address or e-mail address changes, you can make the correction online.

#### > FAFSA Data

Assumed fields, based on the data you entered, are marked with an '\*' (asterisk) sign.

1. Student's Last Name:	CASHER
2. Student's First Name:	TAIRAH
3. Student's Middle Initial:	
4. Student's Permanent Mailing Address:	218 RED CEDAR LANE
5. Student's Permanent City:	MARRIETTA
6. Student's Permanent State:	PA
7. Student's Permanent ZIP Code:	17547
8. Student's Social Security Number:	XXX-XX-6697
9. Student's Date of Birth:	04/13/1992
10. Student's Telephone Number:	(717) 736-1371
11. Student's Driver's License Number:	

12. Student's Driver's License State:	
13. Student's E-mail Address:	tbanks413@yahoo.com
14. Student's Citizenship Status:	YES, I AM A U.S. CITIZEN (OR U.S. NATIONAL)
15. Student's Alien Registration Number:	
16. Student's Marital Status:	I AM SINGLE
17. Student's Marital Status Date:	
18. Student's State of Legal Residence:	PA
19. Was Student a Legal Resident Before January 1, 2015?	YES
20. Student's Legal Residence Date:	
21. Is the Student Male or Female?	FEMALE
22. Register Student With Selective Service System?	NO
23. Drug Conviction Affecting Eligibility?	ELIGIBLE FOR AID
24. Parent 1 Educational Level:	HIGH SCHOOL
25. Parent 2 Educational Level:	COLLEGE OR BEYOND
26. High School or Equivalent Completed?	HIGH SCHOOL DIPLOMA
27a. Student's High School Name:	MIDDLETOWN AREA HIGH SCHOOL
27b. Student's High School City:	MIDDLETOWN
27c. Student's High School State:	PA
28. First Bachelor's Degree before 2020-2021 School Year?	NO
29. Student's Grade Level in College in 2020-2021:	4TH YR./SENIOR
30. Type of Degree/Certificate:	ASSOCIATE DEGREE (OCCUPATIONAL OR TECHNICAL PROGRAM)
31. Interested in Work-study?	NO
32. Student Filed 2018 Income Tax Return?	ALREADY COMPLETED
33. Student's Type of 2018 Tax Form Used:	<b>Transferred from the IRS</b>
34. Student's 2018 Tax Return Filing Status:	HEAD OF HOUSEHOLD
35. Student Filed Schedule 1?	
36. Student's 2018 Adjusted Gross Income:	<b>Transferred from the IRS</b>
37. Student's 2018 U.S. Income Tax Paid:	<b>Transferred from the IRS</b>

38. Student's 2018 Income Earned from Work:	Transferred from the IRS
39. Spouse's 2018 Income Earned from Work:	
40. Student's Total of Cash, Savings, and Checking Accounts:	
41. Student's Net Worth of Current Investments:	
42. Student's Net Worth of Businesses/Investment Farms:	
43a. Student's Education Credits:	Transferred from the IRS
43b. Student's Child Support Paid:	\$0
43c. Student's Taxable Earnings from Need-Based Employment Programs:	\$0
43d. Student's College Grant and Scholarship Aid Reported to IRS as Income:	\$0
43e. Student's Taxable Combat Pay Reported in AGI:	\$0
43f. Student's Cooperative Education Earnings:	\$0
44a. Student's Payments to Tax-Deferred Pensions & Retirement Savings:	\$0
44b. Student's Deductible Payments to IRA/Keogh/Other:	Transferred from the IRS
44c. Student's Child Support Received:	\$0
44d. Student's Tax Exempt Interest Income:	Transferred from the IRS
44e. Student's Untaxed Portions of IRA Distributions and Pensions:	Transferred from the IRS
44f. Student's Housing, Food, & Living Allowances:	\$0
44g. Student's Veterans Noneducation Benefits:	\$0
44h. Student's Other Untaxed Income or Benefits:	\$0
44i. Money Received or Paid on Student's Behalf:	\$0
45. Student Born Before January 1, 1997?	YES
46. Is Student Married?	NO
47. Working on Master's or Doctorate in 2020-2021?	NO
48. Is Student on Active Duty in U.S. Armed Forces?	
49. Is Student a Veteran?	
50. Does Student Have Children He/She Supports?	YES
51. Does Student Have Dependents Other than Children/Spouse?	NO
52. Parents Deceased?/Student Ward of Court?/In Foster Care?	

53. Is or Was Student an Emancipated Minor?	
54. Is or Was Student in Legal Guardianship?	
55. Is Student an Unaccompanied Homeless Youth as Determined by High School/Homeless Liaison?	
56. Is Student an Unaccompanied Homeless Youth as Determined by HUD?	
57. Is Student an Unaccompanied Homeless Youth as Determined by Director of Homeless Youth Center?	
58. Parents' Marital Status:	
59. Parents' Marital Status Date:	
60. Parent 1 (Father's/Mother's/Stepparent's) Social Security Number:	
61. Parent 1 (Father's/Mother's/Stepparent's) Last Name:	
62. Parent 1 (Father's/Mother's/Stepparent's) First Name Initial:	
63. Parent 1 (Father's/Mother's/Stepparent's) Date of Birth:	
64. Parent 2 (Father's/Mother's/Stepparent's) Social Security Number:	
65. Parent 2 (Father's/Mother's/Stepparent's) Last Name:	
66. Parent 2 (Father's/Mother's/Stepparent's) First Name Initial:	
67. Parent 2 (Father's/Mother's/Stepparent's) Date of Birth:	
68. Parents' E-mail Address:	
69. Parents' State of Legal Residence:	
70. Were Parents Legal Residents Before January 1, 2015?	
71. Parents' Legal Residence Date:	
72. Parents' Number of Family Members in 2020-2021:	
73. Parents' Number in College in 2020-2021 (Parents Excluded):	
74. Parents Received Medicaid or Supplemental Security Income?	NO
75. Parents Received SNAP?	NO
76. Parents Received Free/Reduced Price Lunch?	NO
77. Parents Received TANF?	NO
78. Parents Received WIC?	NO
79. Parents Filed 2018 Income Tax Return?	

80. Parents' Type of 2018 Tax Form Used:	
81. Parents' 2018 Tax Return Filing Status:	
82. Parents Filed Schedule 1?	
83. Is Parent a Dislocated Worker?	
84. Parents' 2018 Adjusted Gross Income:	
85. Parents' 2018 U.S. Income Tax Paid:	
86. Parent 1 (Father's/Mother's/Stepparent's) 2018 Income Earned from Work:	
87. Parent 2 (Father's/Mother's/Stepparent's) 2018 Income Earned from Work:	
88. Parents' Total of Cash, Savings, and Checking Accounts:	
89. Parents' Net Worth of Current Investments:	
90. Parents' Net Worth of Businesses/Investment Farms:	
91a. Parents' Education Credits:	
91b. Parents' Child Support Paid:	
91c. Parents' Taxable Earnings from Need-Based Employment Programs:	
91d. Parents' College Grant and Scholarship Aid Reported to IRS as Income:	
91e. Parents' Taxable Combat Pay Reported in AGI:	
91f. Parents' Cooperative Education Earnings:	
92a. Parents' Payments to Tax-Deferred Pensions & Retirement Savings:	
92b. Parents' Deductible Payments to IRA/Keogh/Other:	
92c. Parents' Child Support Received:	
92d. Parents' Tax Exempt Interest Income:	
92e. Parents' Untaxed Portions of IRA Distributions and Pensions:	
92f. Parents' Housing, Food, & Living Allowances:	
92g. Parents' Veterans Noneducation Benefits:	
92h. Parents' Other Untaxed Income or Benefits:	
93. Student's Number of Family Members in 2020-2021:	2
94. Student's Number in College in 2020-2021:	1
95. Student Received Medicaid or Supplemental Security Income?	NO

96. Student Received SNAP?	NO
97. Student Received Free/Reduced Price Lunch?	NO
98. Student Received TANF?	NO
99. Student Received WIC?	NO
100. Is Student or Spouse a Dislocated Worker?	
101a. First Federal School Code:	009863
101b. First Housing Plans:	OFF CAMPUS
101c. Second Federal School Code:	
101d. Second Housing Plans:	
101e. Third Federal School Code:	
101f. Third Housing Plans:	
101g. Fourth Federal School Code:	
101h. Fourth Housing Plans:	
101i. Fifth Federal School Code:	
101j. Fifth Housing Plans:	
101k. Sixth Federal School Code:	
101l. Sixth Housing Plans:	
101m. Seventh Federal School Code:	
101n. Seventh Housing Plans:	
101o. Eighth Federal School Code:	
101p. Eighth Housing Plans:	
101q. Ninth Federal School Code:	
101r. Ninth Housing Plans:	
101s. Tenth Federal School Code:	
101t. Tenth Housing Plans:	
102. Date Completed:	11/03/2019
103. Signed By:	STUDENT
104. Preparer's Social Security Number:	

105. Preparer's Employer Identification Number (EIN):

106. Preparer's Signature:

> **Graduation/Retention/Transfer Rates**

The table shows the graduation, retention, and transfer rates for the schools you selected. Go to the College Scorecard Web site for complete information.

School Name	Graduation Rate	Retention Rate	Transfer Rate	Additional Information from <i>College Scorecard</i>
PENNSYLVANIA COLLEGE OF HEALTH SCIENCES	67%	N/A	0%	N/A

> **Your Financial Aid History Information**

The information below is the total amount of student loans that you owe. These loans are administered by the U.S. Department of Education (ED). You should confirm that these loan totals are correct. You can view details on the individual loans that make up these totals at the National Student Loan Data System (NSLDS) Web site. If you feel that the amounts listed on this page are incorrect, or you have other questions related to a loan, you should contact the loan servicer indicated on the NSLDS Web site. You can obtain general information about each of the types of loans that are listed below by visiting our StudentAid.gov Web site.

Note that the "Subsidized" and "Unsubsidized" amounts include the appropriate portions of any Consolidation Loans you may have. If there is an amount listed for "Unallocated Consolidation Loans" it is because we could not determine whether those balances were subsidized or unsubsidized.

Remember you are responsible for repaying all of the amounts that you borrow, plus interest. As a general rule, with an assumed interest rate of 5%, the monthly payment amount over a ten-year repayment period would be approximately \$10.61 for every \$1,000 that you borrowed. Of course your actual repayment amount will depend upon how much you borrow, the interest rate when you enter repayment, and how long your repayment term is.

Total Amount of Loans Outstanding -			
FFEL (Bank Loans) and/or Direct Loans:	Total Principal Balance	Remaining Amount to be Disbursed	Total
Subsidized Loans:	\$14,887	\$0	\$14,887
Unsubsidized Loans:	\$27,008	\$0	\$27,008
Combined Loans:	\$41,895	\$0	\$41,895
Unallocated Consolidation Loans:	N/A		N/A
Federal Perkins Loan Amounts:			
Total Outstanding Principal Balance:	N/A		
2020-2021 Loan Amount:	N/A		
TEACH Grants Converted to Direct Loans:			
Unsubsidized Loans:	N/A		N/A

At this point, the school(s) listed on your application have access to your information. The school(s) may put together or change an aid package based on your Expected Family Contribution and notify you.

The amount of aid you receive from a school will depend on the cost of attendance at that school, your enrollment status (full-time, three-quarter-time, half-time, or less than half-time), Congressional appropriations, and other factors. Review your financial aid notification from the school(s) or contact the Financial Aid Administrator at the school(s).

Note: Your school has the authority to request copies of certain financial documents to verify information you reported on your application.

**To protect the confidentiality of your application data, you should never give, share, or disclose your FSA ID to anyone, including commercial service providers that provide assistance with the financial aid process. You should keep your FSA ID in a safe location**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1845-0001. Public reporting burden for this collection of information is estimated to average 5 to 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary. If you have comments or concerns regarding the status of your individual submission of this form, please contact the Federal Student Aid Information Center, P.O. Box 84, Washington, D.C. 20044 directly.

We may request additional information from you to process your application more efficiently. We will collect this additional information only as needed and on a voluntary basis.

By answering questions 101a through 101t, and signing the Free Application for Federal Student Aid, you give permission to the U.S. Department of Education to provide information from your application to the college(s) you entered. You also agree that such information is deemed to incorporate by reference the certification statement on the sign and submit page of the financial aid application. The certification statement can be viewed at [StudentAid.gov/2021/help/certification-statement](https://studentaid.gov/2021/help/certification-statement).

**WARNING:** If you are convicted of drug distribution or possession for an offense that occurred while you were receiving Title IV aid, your eligibility for Title IV student financial aid is subject to suspension or termination. If your drug conviction status changes at any time during the 2020-2021 award year, you must update your answer to the drug conviction affecting eligibility question.



## A SMILE YOU WON'T FORGET

In 2010 I was chosen out of ten seniors to become a participant in the nursing assistant program through my high school. It was an easy way to get out of class early, but I did not look at it that way. It was the start of my nursing career. I had always wanted to do something that was challenging, that made a difference in people's lives. Weighing only two pounds, and having complications with my lungs I was in the hospital for an extended amount of time. Those nurses that helped along side of the doctors and all the nursing staff who monitored me are the reasons to why I have not given up on my dreams. I want to be the nurse that children or teenagers look up to and want to become a nurse because of the influence I had on them.

Now as a License Practical nurse I have learned so much. Being patient, organized, flexible, and learning how to communicate has helped me become a better nurse. Dealing with patients and their families and helping them through what is often a difficult time is such a rewarding experience. Sometimes the nursing staff are the only people residents/patients see at given part of time. When you take the time out of your day just to sit and conversate with them makes their day. That's why I'm always smiling no matter what I'm going through because that smile can go a long way. I chose nursing because there are so many specialties you can choose from. In the field of nursing you will never stop learning. It won't matter how long or route it takes me to become a Registered Nurse because, I'll still be smiling along the way.

  
PENNSYLVANIA  
COLLEGE  
of HEALTH SCIENCES

March 13, 2020

To whom it may concern,

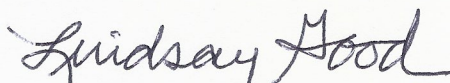
I am writing this letter of reference at the request of Tairah Casher who is applying for the Harry N. and Melva A. Derickson Scholarship.

I have known Tairah since the start of the Spring 2020 semester at Pennsylvania College of Health Sciences where I am her MAT 150: Clinical Mathematics for the Health Sciences instructor. Based on her academic performance to date, I would highly recommend Tairah for the scholarship. She has completed assignments on time, attended every class, and has performed well on assessments. She shows initiative in all the she does.

Tairah has a number of strengths that make her an exceptional candidate for this scholarship. Tairah is very personable and has a wonderful sense of humor. She is very caring towards her peers and is a team player. There have been many occasions in class where students work in groups and Tairah does a great job of assisting others in her group and making sure that everyone is on the same page.

In conclusion, I would highly recommend Tairah Casher for the Harry N. and Melva A. Derickson Scholarship. She has proven herself both academically and with her actions towards her peers. If you have any questions, feel free to contact me at 717.947.6223 or by email at [lgood2@pacollege.edu](mailto:lgood2@pacollege.edu).

Sincerely,



Mrs. Lindsay Good

Mathematics Instructor

Pennsylvania College of Health Sciences

Mr Bradley,

I have worked at various facilities with Tairah Casher since 2014/2015. From our first meeting I was impressed with her kindness, intelligence and professionalism. Tairah has worked tirelessly over the years from being a CNA to becoming a LPN, and now striving to become a RN.

I have worked as Tairah's supervisor and also her Unit Manager. I always look forward to working with her, because I know that she will put her utmost into her work. She is dependable, if her name is on the schedule, I know she will be there. I also know that she will work as a leader of her unit and that she will take charge of her area and guide her staff with integrity and professionalism. Tairah also takes every opportunity presented to her to learn new skills, be it wound vac procedures, IV certification or new electronic systems. Over the last couple of years I have worked primarily as an Agency RN supervisor/Unit Manager, Tairah is one of the nurses that I always try to recruit to take with me wherever I go because I know that she is a top-notch nurse and have every confidence that she will treat her patients with not only the best nursing practice skills but also with kindness, understanding, professionalism and patience.

Sincerely,

Johanna Iftikhar-Khan, RN

(717)724-7005

SSN:\*\*\*\*\*6697

Date of Birth: 13-APR-1992

Date Issued:16-MAR-2020 OFFICIAL

Record of : Tairah LaRoyce Casher

Issued To : THOMAS BRADLEY

Course Level : Non Credit

**Current Program**

Major:  
Undeclared

Subj	No.	Title	Cred	Grade	Pts	R
------	-----	-------	------	-------	-----	---

**INSTITUTION CREDIT:**

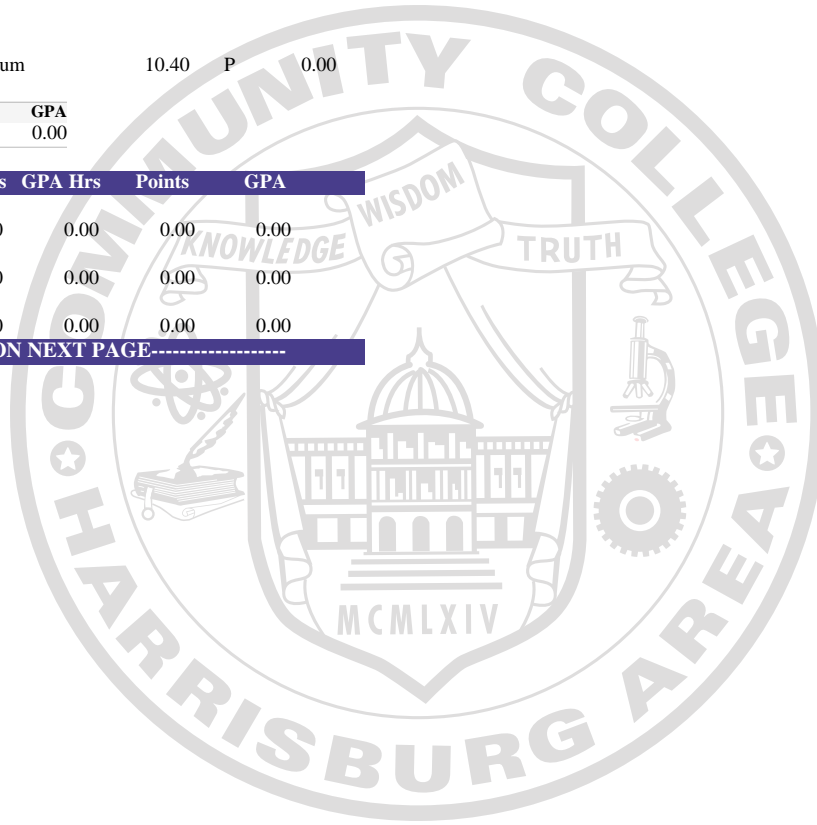
**Noncredit 7/2009 to 6/2010**

AH	CE289	NAT Frey Village Consortium	10.40	P	0.00
----	-------	-----------------------------	-------	---	------

Earned Hrs	GPA-Hrs	QPs	GPA
0.00	0.00	0.00	0.00

Transcript Totals	Earned Hrs	GPA Hrs	Points	GPA
TOTAL INSTITUTION	0.00	0.00	0.00	0.00
TOTAL TRANSFER	0.00	0.00	0.00	0.00
OVERALL	0.00	0.00	0.00	0.00

-----CONTINUED ON NEXT PAGE-----



*Genita Mangum*  
Genita Mangum, Registrar

SSN:\*\*\*\*\*6697

Date of Birth: 13-APR-1992

Date Issued:16-MAR-2020 OFFICIAL

Record of : Tairah LaRoyce Casher

Issued To : THOMAS BRADLEY

Course Level : Credit

**Current Program**

Major:  
Nursing NC

Subj No.	Title	Cred	Grade	Pts	R
----------	-------	------	-------	-----	---

**TRANSFER CREDIT ACCEPTED BY THE INSTITUTION:**

Transfer Lancaster Cty Ctr and Tech Ctr

NOCR 000	No Credit Transferred	0.00	T		
----------	-----------------------	------	---	--	--

Earned Hrs	GPA-Hrs	QPts	GPA
0.00	0.00	0.00	0.00

Subj No.	Title	Cred	Grade	Pts	R
----------	-------	------	-------	-----	---

**INSTITUTION CREDIT:**

**Fall 2010**

BIOL 105	Medical Terminology	3.00	A	12.00	
ENGL 002	Strategy-Based Reading II	3.00	C	6.00	
HD 102	College Success I	3.00	B	9.00	
MATH 020	Beginning Algebra	3.00	Y	0.00	

Earned Hrs	GPA-Hrs	QPts	GPA
9.00	9.00	27.00	3.00

Good Standing

**Spring 2011**

ENGL 003	Strategy-Based Reading III	3.00	B	9.00	
ENGL 101	English Composition I	3.00	D	0.00	E
MATH 020	Beginning Algebra	3.00	B	9.00	I
PHIL 225	Ethics: Belief and Action	3.00	C	6.00	

Earned Hrs	GPA-Hrs	QPts	GPA
9.00	9.00	24.00	2.66

Good Standing

**Fall 2011**

ENGL 101	English Composition I	3.00	B	9.00	I
MATH 051	Intermediate Algebra	3.00	D	0.00	E
SOCI 201	Introduction to Sociology	3.00	C	6.00	
SPCH 101	Effective Speaking	3.00	B	9.00	

Earned Hrs	GPA-Hrs	QPts	GPA
9.00	9.00	24.00	2.66

Good Standing

**Spring 2012**

ENGL 102	English Composition II	3.00	C	6.00	
MATH 051	Intermediate Algebra	3.00	B	9.00	I
PE 138	Basic Fitness I	1.00	A	4.00	
PSYC 101	General Psychology	3.00	C	6.00	

Earned Hrs	GPA-Hrs	QPts	GPA
10.00	10.00	25.00	2.50

Good Standing

Subj No.	Title	Cred	Grade	Pts	R
----------	-------	------	-------	-----	---

**INSTITUTION CREDIT:**

**Fall 2012**

BIOL 121	Anatomy and Physiology I	4.00	W	0.00	
PSYC 213	Abnormal Psychology	3.00	F	0.00	E

Earned Hrs	GPA-Hrs	QPts	GPA
0.00	0.00	0.00	0.00

Good Standing

**Spring 2013**

BIOL 221	Microbiology	4.00	F	0.00	E
PSYC 213	Abnormal Psychology	3.00	C	6.00	I

Earned Hrs	GPA-Hrs	QPts	GPA
3.00	3.00	6.00	2.00

Good Standing

**Spring 2014**

CIS 108	Introduction to PowerPoint	1.00	A	4.00	
---------	----------------------------	------	---	------	--

Earned Hrs	GPA-Hrs	QPts	GPA
1.00	1.00	4.00	4.00

Good Standing

**Summer I 2014**

BIOL 121	Anatomy and Physiology I	4.00	B	12.00	
MUS 115VO	Private Voice Lessons I	1.00	A	4.00	
PE 184	Exercise, Nutr, and Weight Mgm	1.00	B	3.00	

Earned Hrs	GPA-Hrs	QPts	GPA
6.00	6.00	19.00	3.16

Good Standing

**Fall 2014**

BIOL 122	Anatomy and Physiology II	4.00	W	0.00	
NUTR 104	Nutrition	3.00	C	6.00	

Earned Hrs	GPA-Hrs	QPts	GPA
3.00	3.00	6.00	2.00

Good Standing

**Spring 2015**

BIOL 122	Anatomy and Physiology II	4.00	C	8.00	
MUS 102	Introduction to Music	3.00	A	12.00	

Earned Hrs	GPA-Hrs	QPts	GPA
7.00	7.00	20.00	2.85

Good Standing

**Summer I 2015**

BIOL 221	Microbiology	4.00	D	0.00	E
----------	--------------	------	---	------	---

Earned Hrs	GPA-Hrs	QPts	GPA
0.00	0.00	0.00	0.00

Good Standing

**Fall 2015**

BIOL 100	Basic Microbiology	1.00	B	3.00	
----------	--------------------	------	---	------	--

Earned Hrs	GPA-Hrs	QPts	GPA
1.00	1.00	3.00	3.00

Good Standing

*Genita Mangum*  
Genita Mangum, Registrar

SSN:\*\*\*\*\*6697

Date of Birth: 13-APR-1992

Date Issued:16-MAR-2020 OFFICIAL

Subj	No.	Title	Cred	Grade	Pts	R
------	-----	-------	------	-------	-----	---

**INSTITUTION CREDIT:**

Fall 2017

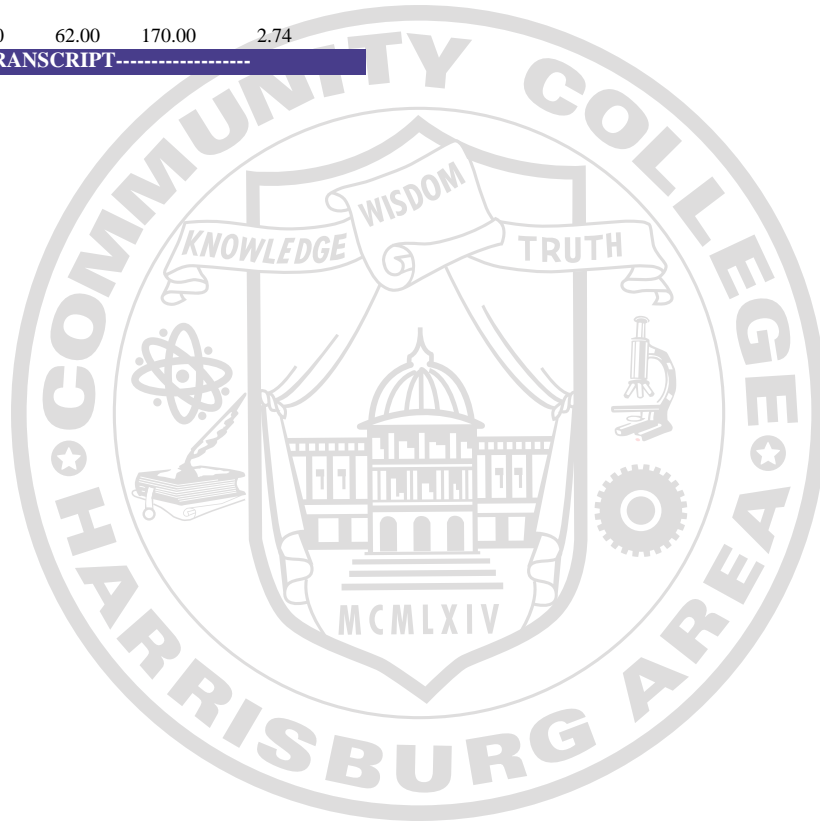
BIOL	221	Microbiology	4.00	B	12.00	I
------	-----	--------------	------	---	-------	---

Earned Hrs	GPA-Hrs	QPts	GPA
4.00	4.00	12.00	3.00

Good Standing

Transcript Totals	Earned Hrs	GPA Hrs	Points	GPA
TOTAL INSTITUTION	62.00	62.00	170.00	2.74
TOTAL TRANSFER	0.00	0.00	0.00	0.00
OVERALL	62.00	62.00	170.00	2.74

-----END OF TRANSCRIPT-----



*Genita Mangum*  
 Genita Mangum, Registrar