

NAME EMERICK, KASEY

- Application Complete
- FIMS
- Spreadsheet

**SAMUEL L. ABRAMS FOUNDATION
DEADLINE MAY 31**

New Applicant Re-applicant

CHECKLIST:

Graduated from one of the following schools:

- | | |
|---|--|
| <input type="checkbox"/> Bishop McDevitt | <input type="checkbox"/> Middletown |
| <input type="checkbox"/> Camp Hill | <input type="checkbox"/> Red Land |
| <input type="checkbox"/> Cedar Cliff | <input type="checkbox"/> Sci-Tech |
| <input type="checkbox"/> CD East | <input type="checkbox"/> Steel-High |
| <input type="checkbox"/> Central Dauphin | <input type="checkbox"/> Susquehanna Township |
| <input type="checkbox"/> Cumberland Valley | <input type="checkbox"/> Susquenita |
| <input type="checkbox"/> Harrisburg | <input type="checkbox"/> Harrisburg Academy |
| <input checked="" type="checkbox"/> Lower Dauphin | <input type="checkbox"/> Rabbi David L. Silver Yeshiva Academy |
| <input type="checkbox"/> Mechanicsburg | <input type="checkbox"/> Trinity |

Completed Application

- Other Scholarship Information
- Student Resume
- FAFSA SAR EFC: 1630
- Letter of Extenuating Circumstances
- Essay

Tuition Bill

Financial Aid Information

Transcript GPA: 3.27

School Counselor Form (only if HS applicant)

NOTES:

Samuel L. Abrams Foundation 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. Mr.	First Name Kasey	Middle Initial C	Last Name Emerick	Suffix e.g., Jr.
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Pronoun
e.g., he, she, they
he

Nickname or Preferred Name

Address 1 Street Address 6059 Allentown Blvd.	Address 2 Apt./Unit # Apt. #165
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City Harrisburg	County Dauphin County	State Pennsylvania	Zip Code 17112
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Phone
XXX-XXX-XXXX
717-856-2394

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

Date of Birth November 03, 2000	Gender Male	U.S. Citizen Yes
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Are you Married? No	Name of Spouse if applicable
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Number of Dependents and Age(s)
if applicable

Family Information

Parent 1 / Caregiver 1

Relationship to Applicant

Mother

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

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

Employer Occupation
Self-employed Health Insurance Broker and Bookkeeping

Address 1 Address 2
Home Address Apt./Unit #
1152 Mae Street #224

City State Zip
Hummelstown PA 17036

Home Phone Work Phone Cell Phone
xxx-xxx-xxxx xxx-xxx-xxxx xxx-xxx-xxxx
717-585-4694

E-mail Address

Please provide an e-mail address that is checked regularly
donnatruesdell@gmail.com

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?

No

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

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

none

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

Father is incarcerated in Massachusetts state prison, no contact per sentencing

High School Information

High School Attending

Lower Dauphin High School

High School Address 1

201 South Hanover St.

High School Address 2

City

Hummelstown

State

Pennsylvania

Zip Code

17036

High School Graduation Date

June 08, 2018

Cumulative GPA

3.7247

Cumulative Class Rank

34

Total H.S. Class Size

300

Please provide your school counselor's name and contact information below.

Prefix

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

First Name

Farren

Last Name

Schmidt

Phone

XXX-XXX-XXXX
717-566-5347

E-mail Address

fschmidt@ldsd.org

Post-Secondary Information & Educational Financing

Please list the colleges/universities to which you have applied and indicate your acceptance status.

College/University 1

Acceptance Status

Harrisburg Area Community College Yes

College/University 2 Acceptance Status
<None>

College/University 3 Acceptance Status
<None>

Year in college for upcoming school year
Freshman

Major and minor field of study
Associates Degree in Nursing (ADN)

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 06, 2022

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
Harrisburg Area Community College

Expected Annual Tuition & Fees
Total dollar figure for both fall & spring semesters
\$11,832.00

Expected Annual Room & Board
Total dollar figure for both fall & spring semesters
\$0.00

Expected Annual Textbooks & Supplies
Total dollar figure for both fall & spring semesters
\$2,978.00

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.

Commuting

Are you financing your own education?
Partial

How much of your education are you financing?
dollar figure for one academic year
\$2,500.00

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

How much of your education are they supporting per year?
dollar figure for one academic year
TBD

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
\$3500.00

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
10, \$83.00

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 am hoping to not take out loans that begin incurring interest right away. My mother will use retirement moneys if necessary for my college costs. I plan to work part-time in order to cover my transportation and miscellaneous expenses. The work

amount listed is net income after taxes.

Attachments

Title	File Name
Student Resume	Emerick Student Resume.pdf
FAFSA Student Aid Report	2020-21 SAR.pdf
Other Scholarship Information	Emerick Other Scholarships.pdf
Other Scholarship Information	Emerick Unofficial Transcript.pdf
Other Scholarship Information	Emerick 20-21 Financial Aid to date.pdf
Letter of Extenuating Circumstances	Extenuating circumstances.pdf
Personal Essay	Emerick Student Essay.pdf



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: \$
PHEAA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pending	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	_____
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_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	_____



STUDENT RESUME

List any school, community and church 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>Concert Band (principal)</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>August-May 2016-18</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>2/week</u>
<u>Jazz Band</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>December-May 2016-17</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>3/week</u>
<u>Full Orchestra (principal)</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>August-May 2016-18</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>3/week</u>
<u>Marching Band (section leader)</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>June-November 2017</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>6-10/week</u>
<u>LDHS Mini-thon (captain)</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>September-May 2016-17</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>2-4/week</u>
<u>PSU Symphonic Wind Ensemble</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Fall/Spring 2018-19</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>4-8/week</u>
<u>Philharmonic Orch.(asst prin)</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Fall/Spring 2018-19</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>4-8/week</u>

Community & Church Activities	HS	C	Timeframe	FR	SO	JR	SR	Total # Hours
			Month(s) & Year(s)					
<u>Kentucky Mission Trip</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1 week in July 2016</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>80/week</u>
<u>VBS Admin Volunteer</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1 week in June 2016-17</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>10-15/wk</u>
<u>Admin Volunteer</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>as needed 2016-17</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>10-15/year</u>
<u>Harrisburg Symph Youth Orches.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Sept-May 2017-18</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>3-4/wk</u>
<u>Harrisburg Symph Youth Brass</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Sept-May 2017-18</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>2-4/wk</u>
<u>PSU Arts Ambassador</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Fall 2018</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>10-20</u>
<u>_____</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>_____</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>_____</u>

Awards & Honors	HS	C	FR	SO	JR	SR	Year
<u>DCMEA County Band</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>2017</u>
<u>Lebanon Valley College Honors Band (principal)</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>2017-18</u>
<u>PMEA District 7 Upper Band</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>2017-18</u>
<u>PMEA Region 5 Band</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>2017</u>
<u>PMEA All-State Wind Ensemble (highest score)</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>2017</u>
<u>NAfME All-National Concert Band (placed 4th)</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>2017</u>

Work Experience			Average Hours
Employer	Position	Dates of Employment	Worked Per Week
<u>Chick-Fil-A w/ HERCO</u>	<u>Foods Clerk</u>	<u>May-Mid June 2017</u>	<u>20-25/wk</u>
<u>Bblz w/ HERCO</u>	<u>Non-Alcoholic Mixologist</u>	<u>Mid June-August 2017</u>	<u>40/wk</u>
<u>Giant Food Stores</u>	<u>Direct Shopper/Facilitator</u>	<u>October 2019-March 2020</u>	<u>30/wk</u>
<u>McDonald's</u>	<u>Crew Member</u>	<u>May 2020-present</u>	<u>35/wk</u>



STUDENT RESUME

List any school, community and church 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)							
PSU Graduate Brass Quintet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spring 2019	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60 total
PSU Glee Club Trumpet Soloist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	November 3-4, 2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 total
Memoria Cantata World Premier	<input type="checkbox"/>	<input checked="" type="checkbox"/>	November 4 & 11, 2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30 total
PSU Campus Orchestra (princ.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fall/Spring 2018-19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50 total
_____	<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 & Church Activities	HS C		Timeframe	FR	SO	JR	SR	Total # Hours
	Month(s) & Year(s)							
_____	<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"/>	_____

Awards & Honors	HS C		FR	SO	JR	SR	Year
	Month(s) & Year(s)						
Undergraduate High Brass--Jury Honors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fall 2018
Undergraduate SOM--Jury Honors Recognition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spr. 2019
_____	<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
Nittany Valley Symphony	4 th Trumpet Sub	Sept 2018	3/wk x 4
Centre Brass	Trumpet	Fall 2018/Spring 2019	2-4/wk
PSU Grad Brass Quintet	Trumpet	May 2019	16 total
_____	_____	_____	_____

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:	10/01/2019	XXX-XX-7770 EM 01
Processed Date:	10/02/2019	EFC: 1630
		DRN: 9996

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 1630. You may be eligible to receive a Federal Pell Grant and other federal student aid. Your school will use your EFC to determine your financial aid eligibility for federal grants, loans, and work-study, and possible funding from your state and school.

There is a limit to the total amount of Federal Pell Grants that a student may receive, which is the equivalent of 6 school years. Based on information reported to the National Student Loan Data System (NSLDS) by the schools you have attended, you have received Pell Grants for the equivalent of between one-half and one school year.

There is a limit to the total amount of subsidized Federal student loans that you may receive. Visit <https://StudentAid.gov> and select Types of Aid/Loans for more information.

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.

Based on your EFC of 1630, you may be eligible to receive a Federal Pell Grant of up to \$4,545 for the 2020-2021 school year provided you have not met or exceeded the lifetime limit established for the Federal Pell Grant program.

FAFSA Data

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

1. Student's Last Name:	EMERICK
2. Student's First Name:	KASEY
3. Student's Middle Initial:	C
4. Student's Permanent Mailing Address:	1152 MAE ST, #224
5. Student's Permanent City:	HUMMELSTOWN
6. Student's Permanent State:	PA
7. Student's Permanent ZIP Code:	17036
8. Student's Social Security Number:	XXX-XX-7770
9. Student's Date of Birth:	11/03/2000
10. Student's Telephone Number:	(717) 585-4694
11. Student's Driver's License Number:	
12. Student's Driver's License State:	
13. Student's E-mail Address:	donnatruesdell@gmail.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?	MALE
22. Register Student With Selective Service System?	
23. Drug Conviction Affecting Eligibility?	ELIGIBLE FOR AID
24. Parent 1 Educational Level:	COLLEGE OR BEYOND
25. Parent 2 Educational Level:	COLLEGE OR BEYOND
26. High School or Equivalent Completed?	HIGH SCHOOL DIPLOMA
27a. Student's High School Name:	LOWER DAUPHIN HS
27b. Student's High School City:	HUMMELSTOWN
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:	2ND YR./SOPHOMORE
30. Type of Degree/Certificate:	1ST BACHELOR'S DEGREE
31. Interested in Work-study?	YES
32. Student Filed 2018 Income Tax Return?	NOT GOING TO FILE
33. Student's Type of 2018 Tax Form Used:	
34. Student's 2018 Tax Return Filing Status:	
35. Student Filed Schedule 1?	
36. Student's 2018 Adjusted Gross Income:	
37. Student's 2018 U.S. Income Tax Paid:	
38. Student's 2018 Income Earned from Work:	\$0
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:	
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:	
43e. Student's Taxable Combat Pay Reported in AGI:	
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:	
44c. Student's Child Support Received:	\$0
44d. Student's Tax Exempt Interest Income:	
44e. Student's Untaxed Portions of IRA Distributions and Pensions:	
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?	NO
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?	NO
49. Is Student a Veteran?	NO
50. Does Student Have Children He/She Supports?	NO
51. Does Student Have Dependents Other than Children/Spouse?	NO
52. Parents Deceased?/Student Ward of Court?/In Foster Care?	NO
53. Is or Was Student an Emancipated Minor?	NO
54. Is or Was Student in Legal Guardianship?	NO
55. Is Student an Unaccompanied Homeless Youth as Determined by High School/Homeless Liaison?	NO
56. Is Student an Unaccompanied Homeless Youth as Determined by HUD?	NO
57. Is Student an Unaccompanied Homeless Youth as Determined by Director of Homeless Youth Center?	NO
58. Parents' Marital Status:	DIVORCED OR SEPARATED
59. Parents' Marital Status Date:	05/2009
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:	XXX-XX-5100
65. Parent 2 (Father's/Mother's/Stepparent's) Last Name:	TRUEDELL
66. Parent 2 (Father's/Mother's/Stepparent's) First Name Initial:	D
67. Parent 2 (Father's/Mother's/Stepparent's) Date of Birth:	01/11/1958
68. Parents' E-mail Address:	donnatruesdell@gmail.com
69. Parents' State of Legal Residence:	PA
70. Were Parents Legal Residents Before January 1, 2015?	YES
71. Parents' Legal Residence Date:	
72. Parents' Number of Family Members in 2020-2021:	2
73. Parents' Number in College in 2020-2021 (Parents Excluded):	1
74. Parents Received Medicaid or Supplemental Security Income?	NO
75. Parents Received SNAP?	NO
76. Parents Received Free/Reduced Price Lunch?	YES
77. Parents Received TANF?	NO
78. Parents Received WIC?	NO
79. Parents Filed 2018 Income Tax Return?	ALREADY COMPLETED
80. Parents' Type of 2018 Tax Form Used:	Transferred from the IRS
81. Parents' 2018 Tax Return Filing Status:	HEAD OF HOUSEHOLD
82. Parents Filed Schedule 1?	YES
83. Is Parent a Dislocated Worker?	NO
84. Parents' 2018 Adjusted Gross Income:	Transferred from the IRS
85. Parents' 2018 U.S. Income Tax Paid:	Transferred from the IRS
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:	Transferred from the IRS
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:	Transferred from the IRS
91b. Parents' Child Support Paid:	\$0
91c. Parents' Taxable Earnings from Need-Based Employment Programs:	\$0
91d. Parents' College Grant and Scholarship Aid Reported to IRS as Income:	\$0
91e. Parents' Taxable Combat Pay Reported in AGI:	\$0
91f. Parents' Cooperative Education Earnings:	\$0
92a. Parents' Payments to Tax-Deferred Pensions & Retirement Savings:	\$0
92b. Parents' Deductible Payments to IRA/Keogh/Other:	Transferred from the IRS
92c. Parents' Child Support Received:	\$0
92d. Parents' Tax Exempt Interest Income:	Transferred from the IRS
92e. Parents' Untaxed Portions of IRA Distributions and Pensions:	Transferred from the IRS
92f. Parents' Housing, Food, & Living Allowances:	\$0
92g. Parents' Veterans Noneducation Benefits:	\$0
92h. Parents' Other Untaxed Income or Benefits:	\$0
93. Student's Number of Family Members in 2020-2021:	
94. Student's Number in College in 2020-2021:	
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:	003273
101b. First Housing Plans:	WITH PARENT
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:	10/01/2019
103. Signed By:	BOTH STUDENT AND PARENT
104. Preparer's Social Security Number:	
105. Preparer's Employer Identification Number (EIN):	
106. Preparer's Signature:	

Graduation/Retention/Transfer Rates

College 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>
HARRISBURG AREA COMMUNITY COLLEGE	11%	56%	21%	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:	\$3,500	\$000	\$3,500
Unsubsidized Loans:	N/A	N/A	N/A
Combined Loans:	\$3,500	\$000	\$3,500
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](#).

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.

May 28,2020

The Foundation for Enhancing Communities
Samuel L. Abrams Foundation
Attn: Thomas Bradley, Scholarship Associate
200 N. 3rd Street, 8th Floor
PO Box 678
Harrisburg, PA 17108-0678

Dear Mr. Bradley,

I also need to request that should I be awarded any scholarship funds that my name, college I will be attending, etc. not be part of publicity either on a website or printed materials. As you can see from my application my father is incarcerated currently. It is imperative that he not know the specifics of where I am going to college, etc.

I have requested an official transcript but due to the semester ending later due to COVID they are just now starting to be issued. I've included an unofficial transcript for your information. I've also included my financial aid information to date. I expect to qualify for PHEAA and provide updated information as soon as it is available to me. I will not be able to provide a bill for the fall semester until after I complete the nursing program new student orientation in early July. At that point we will be able to register for nursing classes and the bill will be available. Again, I will forward it as soon as possible.

Thank you for consideration of these situations.

Sincerely,

Kasey Emerick

Kasey Emerick

Abrams Scholarship Student Essay

My main focus in choosing an occupation is to help people, and I have always leaned toward a career in healthcare since I was exposed to it growing up through family. Personally, working as a caregiver or practitioner is the most direct way that I can help someone through a tough time in their life, both physically and emotionally. There are many levels of entry in healthcare, which makes it very accessible for a variety of people. However, with a lower level of entry comes a price: limited scope of practice and heavy dependence on medical staff to make patient care decisions. CNAs and LPNs play a key role in direct patient care with little education required, but have limited capabilities; on the other side, mid-level practitioners and doctors have a much wider scope of practice but require extensive graduate education. The middle ground and the path that I am choosing, is nursing which only requiring an associate's degree upfront with flexibility to work while earning my bachelor's degree (with financial assistance from employers).

Harrisburg Area Community College's nursing program is exceptional in both quality and price. The entry-level standard in nursing is an associate's degree, which is enough to allow one to sit for the NCLEX licensing exam. While many young people to attend a four-year BSN program, by choosing HACC's program I am spending half of the time and a fraction of the money to get the same license and perform the same job. I can easily commute and save tens of thousands of dollars a year on room and board fees. Compared to four-year programs where students don't start clinicals until their junior year, I am in a hospital for clinicals by the second semester. Despite its low cost, the clinical sites HACC works with do not lack in quality; UPMC and Penn State Health are two of the region's best medical systems, and having the opportunity to observe and learn in these environments will enrich my nursing school experience and expose me to potential employers after college. I plan to continue on to earn my Bachelor's degree and have identified that both Penn State University and Millersville University will allow me to use nearly all the credits I've earned thus far in college toward general education requirements. Therefore, I expect to have only bachelor's level nursing courses to take after completing my associate's degree.

Search

Award Package By Aid Year 2020-2021 Aid Year

H01782506 Kasey Emerick
May 19, 2020 12:28 pm

[General Information](#)

[Award Overview](#)

[Resources/Additional Information](#)

[Special Messages](#)

[Print](#)

WITHDRAW INFORMATION

If you receive financial aid and you withdraw or stop attending classes, we may be required to send some or all of your money back to federal or state agencies.

This would result in your owing money back to HACC. This has many consequences including holds being placed on your record preventing future registraion.

Please contact the Office of Financial Aid Services at the campus you attend for any questions you may have regarding your federal student aid.

Award Decision

Fund	Status	Term	Amount	Accept Award	Accept Partial Amount
Federal Pell Grant	Accepted	Fall 2020	\$2,348.00		
	Accepted	Spring 2021	\$2,347.00		
		Fund Total:	\$4,695.00		
Direct Subsidized Loan	Offered	Fall 2020	\$1,750.00		
	Offered	Spring 2021	\$1,750.00		
		Fund Total:	\$3,500.00	Select Decision ▾	<input type="text"/>
Direct Unsubsidized Loan	Declined	Fall 2020	\$.00		
	Declined	Spring 2021	\$.00		
		Fund Total:	\$.00		

SSN:*****7770

Date of Birth: 03-NOV-2000

Date Issued:29-MAY-2020OFFICIAL

Record of : Kasey Emerick

Issued To : SAMUEL L. ABRAMS FOUNDATION

Course Level : Non Credit

Current Program

Major:
 Undeclared

Subj	No.	Title	Cred	Grade	Pts	R
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INSTITUTION CREDIT:

NonCredit 7/2014 to 6/2015

EMS	CE975	CPR AED Hanoverdale Church	0.35	P	0.00	
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Earned Hrs	GPA-Hrs	QPts	GPA
0.00	0.00	0.00	0.00

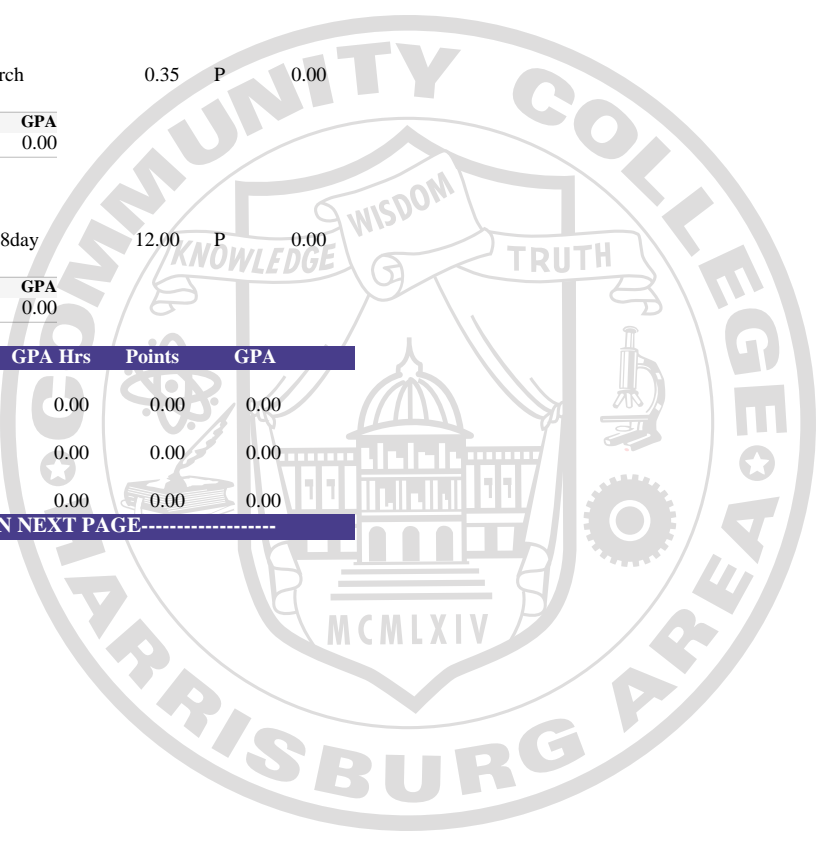
Non Credit 7/2019 to 6/2020

AH	CE289	NAT/Leb. Valley Brethren 18day	12.00	P	0.00	
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Earned Hrs	GPA-Hrs	QPts	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:*****7770

Date of Birth: 03-NOV-2000

Date Issued:29-MAY-2020OFFICIAL

Record of : Kasey Emerick

Issued To : SAMUEL L. ABRAMS FOUNDATION

Course Level : Credit

Current Program

Major:

Nursing

Subj No.	Title	Cred	Grade	Pts	R
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TRANSFER CREDIT ACCEPTED BY THE INSTITUTION:

Transfer Pennsylvania State University

Subj No.	Title	Cred	Grade	Pts	R
FS 100	College Success	3.00	T		
MUS ELECT	Elective In Music	3.00	T		

Earned Hrs	GPA-Hrs	QPts	GPA
6.00	0.00	0.00	0.00

Subj No.	Title	Cred	Grade	Pts	R
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INSTITUTION CREDIT:

Summer 2016

ENGL 207	Introduction to Literature	3.00	A	12.00	
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Earned Hrs	GPA-Hrs	QPts	GPA
3.00	3.00	12.00	4.00

Good Standing

Summer 2018

COMM101	Effective Speaking	3.00	B	9.00	
PSYC 101	General Psychology	3.00	A	12.00	

Earned Hrs	GPA-Hrs	QPts	GPA
6.00	6.00	21.00	3.50

Good Standing

Summer 2019

ENGL 101	English Composition I	3.00	C	6.00	
MATH 100	College Math for Business	3.00	A	12.00	
NUTR 104	Nutrition	3.00	B	9.00	

Earned Hrs	GPA-Hrs	QPts	GPA
9.00	9.00	27.00	3.00

Good Standing

Fall 2019

BIOL 121	Anatomy and Physiology I	4.00	B	12.00	
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Earned Hrs	GPA-Hrs	QPts	GPA
4.00	4.00	12.00	3.00

Good Standing

Spring 2020

MGMT201	Principles of Management	3.00	W	0.00	
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Earned Hrs	GPA-Hrs	QPts	GPA
0.00	0.00	0.00	0.00

Good Standing

Subj No.	Title	Cred	Grade	Pts	R
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INSTITUTION CREDIT:

Summer 2020

BIOL 122	Anatomy and Physiology II	4.00	In Prog	Course	
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Fall 2020

NURS 140	Intro to Nrsng Prac Concepts I	1.00	In Prog	Course	
NURS 142	Hlth Assessment Concepts	3.00	In Prog	Course	
NURS 143	Informatics in Nrsng Practice	1.00	In Prog	Course	
SPAN 101	Elementary Spanish I	4.00	In Prog	Course	

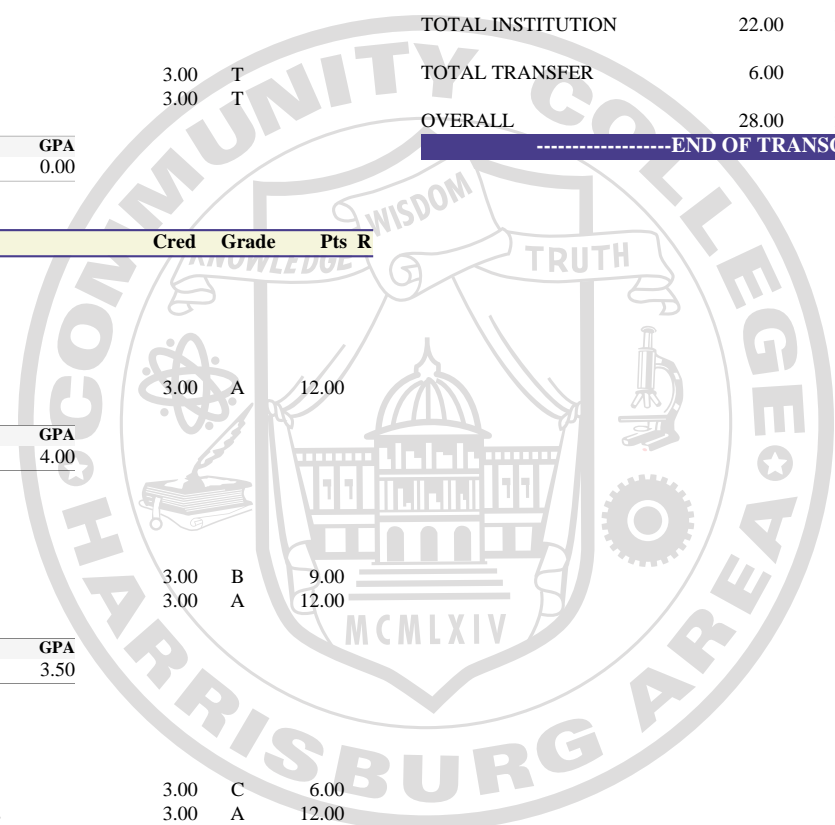
Transcript Totals	Earned Hrs	GPA Hrs	Points	GPA
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TOTAL INSTITUTION	22.00	22.00	72.00	3.27
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TOTAL TRANSFER	6.00	0.00	0.00	0.00
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OVERALL	28.00	22.00	72.00	3.27
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-----END OF TRANSCRIPT-----



Genita Mangum
Genita Mangum, Registrar