

## **GARY WAYNE SHAFFER MEMORIAL SCHOLARSHIP**

**Purpose:** To provide a full scholarship (including room, board, and tuition) to an exceptional student attending Nyack College in Nyack, New York. This scholarship will be given annually to a full-time residential student who qualifies and is selected by the scholarship committee and chosen by the governing board of the Somerset Alliance Church.

**Funding:** This scholarship is made available by Gary Wayne Shaffer. Funding is provided through a trust fund that was established upon his death in 2011.

**Eligibility:** Students are eligible for the Gary Wayne Shaffer Memorial Scholarship by being accepted at Nyack College and choosing Nyack College as their place of educational studies. They should apply for the scholarship in the academic year prior to their attendance in the fall. (See page two for deadlines.)

**Selection Criteria:** Selection will be based on the following criteria: financial need (20%), life goals (20%), academics (20%), church/community service (20%), and character/leadership potential (20%). Priority will be given to an outstanding applicant from the Somerset Alliance Church. If a suitable candidate does not apply from Somerset Alliance Church, then the search will be extended to the Western PA District of the Christian and Missionary Alliance.

**Application Process:** This will include an application form, essay, three references, and a copy of student's current transcript(s) (for at least the last 3 academic years) or equivalent. Finalists will be interviewed.

**Selection Committee:** Appointed by the Governing Board of the Somerset Alliance Church. It will consist of four individuals (two appointed each year for a two-year term) and a pastor who will serve as chairman of the committee.

**Excess Funds:** The Gary Wayne Shaffer Memorial Scholarship will be awarded in addition to any Federal or Nyack College financial aid awarded to the student. Therefore, extra funds may accumulate in a student's Nyack College account. Any excess funds must be distributed in the following way:

1. Money must be used for student obligations still owed as an undergraduate student at Nyack College, or graduate studies at Nyack College or Alliance Theological Seminary (ATS). Graduate studies must begin within sixteen months after completion of the undergraduate degree.
2. A student who has graduated must present the outstanding balance to Nyack College's Business Office within 90 days after graduation. After that time, any excess funds will be distributed as follows: a) up to \$5,000 to the individual; b) amount above \$5,000 given to ATS for scholarships.
3. If the student drops out of college, the excess money will be given to ATS for scholarships.

**Payment:** Payment will be made directly to Nyack College. The check should be clearly marked with the student's name and identification number. It will be paid to the college by July 15<sup>th</sup>.

**Important Dates:**

- March 1<sup>st</sup> - Application deadline for Somerset Alliance Church applicants. The selection will be on or before April 1<sup>st</sup>.
- March 20<sup>th</sup> – If necessary, open application process to Western Pennsylvania Christian and Missionary Alliance students.
- May 1<sup>st</sup> – Application deadline for Western PA Christian and Missionary Alliance applicants. The selection will be on or before June 1<sup>st</sup>.
- July 15<sup>th</sup> - Tuition payment deadline to Nyack College

**Policy Changes:** This policy will be evaluated every year as needed until the trust fund is depleted.

\*\* Policy updated spring 2013.

\*\* Policy updated spring 2015.

**GARY WAYNE SHAFFER MEMORIAL SCHOLARSHIP**  
Somerset Alliance Church, Somerset, PA  
**FOR NYACK COLLEGE, NYACK, NY**

Check list:

- ✓ Application form
- ✓ Answers to questions
- ✓ Essay
- ✓ Copy of your current transcript(s) (for at least the last three academic years) or equivalent
- ✓ List names, phone numbers, and e-mail addresses for three references - Pastoral, Educational, and General

**GARY WAYNE SHAFFER MEMORIAL SCHOLARSHIP**  
Somerset Alliance Church, Somerset, PA  
**FOR NYACK COLLEGE, NYACK, NY**  
**Application Form**

**General Information**

Please type or print clearly. Incomplete applications will not be considered.

Full Name: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Home Church: \_\_\_\_\_

High School: \_\_\_\_\_ Graduation: \_\_\_\_\_

GPA: \_\_\_\_\_ Start date at Nyack: \_\_\_\_\_

Have you been accepted at Nyack?    \_\_\_\_\_ Yes    \_\_\_\_\_ No    \_\_\_\_\_ Pending

Parent(s)/Guardian(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Expected Family Contribution from FAFSA: \_\_\_\_\_

Please use a separate sheet of paper to answer the following questions.

1. Why have you chosen Nyack College as your school for post-secondary education?
2. What will be your major academic field of study?
3. How will this field of study prepare you to impact your world with the gospel of Christ?
4. How long have you been a Christian? Share your personal testimony. (Include events leading to your personal commitment to Christ, as well as your subsequent growth in the Christian life.)
5. What has been your involvement and service at church?
6. List any community activities, school clubs, or varsity teams in which you participate(d).
7. What honors or special recognitions (academic or otherwise) have you received in high school?
8. List any employment or similar work experiences.
9. Do you understand the guidelines and policy for the Gary Wayne Shaffer Memorial Scholarship?

I understand the policies and requirements associated with this scholarship. The information provided in this application and included in the attachments is, to the best of my knowledge, true and accurate.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Essay Instructions**

Please write an essay (250-500 words) on one of the options listed below.

1. Evaluate a significant experience, achievement, risk you have taken, or ethical dilemma you have faced and its impact on you.
2. Discuss some issue of personal, local, national, or international concern and its importance to you.
3. Indicate a person who has had a significant influence on you and describe that influence.
4. Describe a character in fiction, a historical figure, or a creative work (as in art, music, science, etc.) that has had an influence on you and explain that influence.

**GARY WAYNE SHAFFER MEMORIAL SCHOLARSHIP**  
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**Pastoral Reference Form**

**General Information**

Please type or print clearly. Incomplete references will not be considered.

Full Name of Applicant: \_\_\_\_\_

Name of Person Completing Reference: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_ What relationship? \_\_\_\_\_

2. To your knowledge, has the applicant made a personal commitment to Jesus Christ, and on what evidence do you base your conclusion? \_\_\_\_\_  
\_\_\_\_\_

3. Please list any outstanding abilities the applicant may possess: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Is there anything about the applicant which may hinder his/her success at college? \_\_\_\_\_  
\_\_\_\_\_

5. On a scale of 1-10 (10 being high) please rate the applicant in the following areas:

Leadership Potential: \_\_\_\_\_ Comment: \_\_\_\_\_

Character: \_\_\_\_\_ Comment: \_\_\_\_\_

Interaction with others: \_\_\_\_\_ Comment: \_\_\_\_\_

Judgment/Common Sense: \_\_\_\_\_ Comment: \_\_\_\_\_

Respect for Authority: \_\_\_\_\_ Comment: \_\_\_\_\_

Responsibility: \_\_\_\_\_ Comment: \_\_\_\_\_

Spiritual Motivation: \_\_\_\_\_

Comment: \_\_\_\_\_

Maturity: \_\_\_\_\_

Comment: \_\_\_\_\_

The purpose of the Gary Wayne Shaffer Memorial Scholarship is to provide a full scholarship to an exceptional student attending Nyack College in Nyack, New York. This scholarship will be given annually to a qualified student who will be selected by the scholarship committee and chosen by the Governing Board of the Somerset Alliance Church. Is the applicant worthy to receive the Gary Wayne Shaffer Memorial Scholarship?

- Highly Recommend
- Recommend
- Recommend with Reservations
- Do not Recommend

Please use the space below to share with the selection committee any additional information about the applicant:

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Completed reference forms should be mailed to [sream@somersetalliance.org](mailto:sream@somersetalliance.org) or sent in the mail to Rev. Scott Ream, c/o Somerset Alliance Church, 708 Stoystown Road, Somerset, PA 15501.

**All reference information will be kept confidential.**

**GARY WAYNE SHAFFER MEMORIAL SCHOLARSHIP**  
Somerset Alliance Church, Somerset, PA  
**FOR NYACK COLLEGE, NYACK, NY**

**Educational Reference Form**

**General Information**

Please type or print clearly. Incomplete references will not be considered.

Full Name of Applicant: \_\_\_\_\_

Name of Person Completing Reference: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_ What relationship? \_\_\_\_\_

2. Please list any outstanding abilities the applicant may possess: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Is there anything about the applicant which may hinder his/her success at college? \_\_\_\_\_

\_\_\_\_\_

4. On a scale of 1-10 (10 being high) please rate the applicant in the following areas:

Leadership Potential: \_\_\_\_\_ Comment: \_\_\_\_\_

Character: \_\_\_\_\_ Comment: \_\_\_\_\_

Interaction with others: \_\_\_\_\_ Comment: \_\_\_\_\_

Judgment/Common Sense: \_\_\_\_\_ Comment: \_\_\_\_\_

Respect for Authority: \_\_\_\_\_ Comment: \_\_\_\_\_

Responsibility: \_\_\_\_\_ Comment: \_\_\_\_\_

Maturity: \_\_\_\_\_ Comment: \_\_\_\_\_





**GARY WAYNE SHAFFER MEMORIAL SCHOLARSHIP**  
Somerset Alliance Church, Somerset, PA  
**FOR NYACK COLLEGE, NYACK, NY**

**General Reference Form**

**General Information**

Please type or print clearly. Incomplete references will not be considered.

Full Name of Applicant: \_\_\_\_\_

Name of Person Completing Reference: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_ What relationship? \_\_\_\_\_

2. Please list any outstanding abilities the applicant may possess: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Is there anything about the applicant which may hinder his/her success at college? \_\_\_\_\_

\_\_\_\_\_

4. On a scale of 1-10 (10 being high) please rate the applicant in the following areas:

Leadership Potential: \_\_\_\_\_ Comment: \_\_\_\_\_

Character: \_\_\_\_\_ Comment: \_\_\_\_\_

Interaction with others: \_\_\_\_\_ Comment: \_\_\_\_\_

Judgment/Common Sense: \_\_\_\_\_ Comment: \_\_\_\_\_

Respect for Authority: \_\_\_\_\_ Comment: \_\_\_\_\_

Responsibility: \_\_\_\_\_ Comment: \_\_\_\_\_

Maturity: \_\_\_\_\_ Comment: \_\_\_\_\_

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- Highly Recommend
- Recommend
- Recommend with Reservations
- Do not Recommend

Please use the space below to share with the selection committee any additional information about the applicant:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed reference forms should be mailed to [sream@somersetalliance.org](mailto:sream@somersetalliance.org) or sent in the mail to Rev. Scott Ream, c/o Somerset Alliance Church, 708 Stoystown Road, Somerset, PA 15501.

**All reference information will be kept confidential.**