



# QUESTEQ

EDUCATIONAL TECHNOLOGY MANAGEMENT

## MARK STAINBROOK MEMORIAL TECHNOLOGY AWARD

APPLICATION FOR SENIORS ONLY

**A ONE-TIME, \$1000 TECHNOLOGY AWARD**

*With a potential \$500 award from Robert Morris University*



APPLICATION DEADLINE  
MARCH 11, 2024



# TECHNOLOGY AWARD APPLICATION

## Award Description

Questeq is pleased to announce the availability of six (6) one thousand dollar (\$1,000) technology awards to qualifying seniors within all Questeq districts listed below. At our discretion, additional scholarships may be awarded to deserving students in smaller award amounts.

For those attending Robert Morris University, a one-time five hundred-dollar (\$500) award from the University will be awarded with a cap of five (5) students per year receiving the award.

This award is in honor of Questeq's valued employee, Mark Stainbrook, who passed away in September of 2006. Mark served as Questeq's National Sales Representative and was passionate about technology changing and improving education for the future.

## Guidelines for Applicants

1. Include a 400 to 600-word essay describing how the applicant's education has been influenced by the technology utilized in his/her district.
2. Plan to be enrolled at a two or four-year college/university or technical school as a full-time student.
3. High school senior at one of the following school districts:
  - Avonworth School District, Big Spring School District, Butler Area School District, Carlisle Area School District, Crawford Central School District, Greencastle-Antrim School District, Hopewell Area School District, North Hills School District, Northeastern York School District, Northern York County School District, Philipsburg-Osceola Area School District, Riverside Beaver County School District, Sayre Area School District, South Allegheny School District, West Allegheny School District, Wilmington Area School District, Wyalusing Area School District
4. Demonstrate academic strength with a minimum of 3.0 cumulative GPA or above to be considered.
5. Demonstrate Professionalism-Service-Leadership in community involvement and extracurricular school activities.
6. Ensure all application materials are completed and received by the deadline.

## Award Criteria

A Technology Awards Committee comprised of Questeq employees will decide the final selection of award winners. One student per district is eligible for a scholarship. A member of the Awards Committee will then notify the chosen recipients through a designated high school or district-level staff member. A Questeq representative will present the award and payment before the end of the school year, typically at the district awards night or school board meeting. Award selection will be based on the following criteria:

- Student Essay Content – Weighted at 70%
- Academic Profile – Weighted at 10%
- Leadership and Service Profile - Weighted at 10%
- Packet Completion – Weighted at 10%

Students selected to receive the Questeq scholarship that are fully admitted to enroll at Robert Morris University will also receive a \$500.00 one-time award from the University. Recipients can contact the RMU Admissions Office at 800-762-0097 for further information.



# TECHNOLOGY AWARD APPLICATION

## Application Packet

A completed packet must be submitted on or before the deadline shown below. Applications received after the deadline will be reviewed based on availability of funds. A complete packet must contain the following items:

1. Personal Information Form
2. Academic Profile (If you have been unable to take the SAT/ACT, please indicate on form.)
3. Essay
  - a. A 400 to 600-word essay must be submitted. The essay should describe how **the applicant's educational experience has been influenced by the technology utilized in their district.**
  - b. The applicant's name and date must appear at the top of the essay and text must be double-spaced.
4. Leadership and Service Profile
5. Official Transcript
  - a. Submit grades 9-12
  - b. Can be emailed by Guidance Office or included with packet.
6. Two Letters of Recommendation
  - a. Submit recommendations from at least two individuals familiar with the applicant's academic, service, and leadership accomplishments.
  - b. Can be emailed individually or included with packet.
7. Disclosure and Photo Release Form

## Application Deadline

Completed application packets must be received **on or before March 11, 2024**. Mailed (paper) applications **WILL NOT** be accepted this year. The application is fillable and can be completed without printing.

THERE ARE TWO WAYS TO SUBMIT YOUR APPLICATION:

1. Complete digitally, save & email
2. Print, complete (black/blue pen only), scan & email

**ALL APPLICATIONS SHOULD BE EMAILED TO SCHOLARSHIP@QUESTEQ.COM.**

## Questions?

Questions regarding this scholarship packet or the submission process may be directed to to the Technology Awards Committee:

<https://www.questeq.com/scholarship>  
[scholarship@questeq.com](mailto:scholarship@questeq.com)  
412-474-2406



## PERSONAL INFORMATION

*All of the information requested on the Personal Information Form is required.*

Applicant Name:

\_\_\_\_\_  
Last First MI

Home Phone (if available): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Permanent Address:

\_\_\_\_\_  
Street Apt. #

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

Current School District Attending: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Currently accepted at a higher education institution:  Yes  No

Planned Field of Study: \_\_\_\_\_ Degree Sought: \_\_\_\_\_

**If applicant has been accepted and is enrolled in the college or university of their choice, please provide the institution name and admissions department telephone number.**

College or University Name: \_\_\_\_\_

Admissions Department Phone: \_\_\_\_\_



# ACADEMIC PROFILE

List all high schools attended starting with the most current.

Official transcript must also be included or sent directly by Guidance Office. Current high school information including class rank and cumulative grade point average on a 4.0 scale must be provided.

Name of High School	Location	Dates Attended	Grade Levels Completed	Cumulative GPA	Class Rank/Size
	(City/State)	(Month/Yr.)	(e.g. 9-12)	(4.0 Scale)	(e.g. 9/450)

## ACT or SAT Scores

If you have been unable to take the SAT/ACT, please indicate below.

Were you able to take the SAT and/or ACT this year?    \_\_\_ Yes    \_\_\_ No

SAT Total Score: \_\_\_\_\_ Date taken: \_\_\_\_\_

Reading: \_\_\_\_\_ Math: \_\_\_\_\_ Writing: \_\_\_\_\_

ACT Composite Score: \_\_\_\_\_ Date taken: \_\_\_\_\_

English: \_\_\_\_\_ Mathematics: \_\_\_\_\_ Reading: \_\_\_\_\_ Science: \_\_\_\_\_

Other Scores or Notes:



# LEADERSHIP AND SERVICE PROFILE

Attach additional pages if your activities do not fit in the space provided.

**Community Service:** List all volunteer activities in which the applicant participated without pay during high school (for example: mentoring/tutoring, church activities, work in social service organizations).

Organization or Event	Year(s)	Total Hours of Volunteer Work					
		0-25	26-50	51-75	76-100	101-150	151+

**Extra-Curricular Activities:** List all organizations or activities in which the applicant has participated (for example: student government, athletics, drama club). Also, list any leadership positions to which the applicant was *elected*, *appointed*, or *employed* (for example: President, Secretary, Captain, etc.).

Organization or Activity Name(s)	Year(s)	Leadership Position Held (if applicable)

**Honors:** List all honors and awards the nominee has received (For example: academic, sports, clubs).

Name of Honor(s)	Year(s)



# LETTER OF RECOMMENDATION

Applicant Name:

\_\_\_\_\_

Last First MI

**To the applicant:** The Family Education Right and Privacy Act of 1974 gives you right of access to this evaluation. The law also permits you to waive this right if you choose. The rights you waive include but are not limited to the right to have a copy of this letter made for your own use, and the right to request any amendment of this letter. Such a waiver is not a condition of admission. Please indicate your choice and sign below.

I agree to waive access to this statement.  I do not agree to waive access to this statement.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
*(Type name in lieu of signature.)*

*It is Questeq's standard practice to discard this form and all other evaluative documents, except the application and transcripts, upon completion of the selection process.*

**To the recommender:** Questeq would appreciate your candid evaluation of the above-named applicant. Please include your professional impressions of the candidate's intellectual capabilities, professional skill, past academic performance, previous work experience, character and personality, motivation and purpose.

**Please email your signed letter on district letterhead to [scholarship@questeq.com](mailto:scholarship@questeq.com) on or before March 11, 2024.**

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

School District or Organization: \_\_\_\_\_

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



# LETTER OF RECOMMENDATION

Applicant Name:

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

MI

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Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

School District or Organization: \_\_\_\_\_

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





# DISCLOSURE & RELEASE

## Disclosure

I hereby certify that the information provided in this application packet is to the best of my knowledge, true and correct. I have not knowingly withheld any facts or circumstances that could otherwise jeopardize consideration of this application. I understand that if I withdraw from school, I will notify Questeq and a possible prorated return of any award funds will be expected.

Name of Applicant:

\_\_\_\_\_  
Last First MI

Signature of Applicant: \_\_\_\_\_  
(Type name in lieu of signature.)

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

## Photo and Name Release

Name of Applicant:

\_\_\_\_\_  
Last First MI

I hereby authorize Questeq to publish any technology award photographs taken of me, and my name, for use in Questeq's printed publications and websites. I acknowledge that since my participation in publications and websites produced by Questeq is voluntary, I will receive no financial compensation.

I further agree that my participation in any publication and website produced by Questeq confers upon me no rights of ownership whatsoever. I release Questeq, its contractors and its employees from liability for any claims by me or any third party in connection with my participation.

I agree to the above release (please select one):  Yes  No

Signature of Applicant: \_\_\_\_\_  
(Type name in lieu of signature.)

Signature of Parent/Guardian: \_\_\_\_\_  
(Type name in lieu of signature.)

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

*Participation in the photo and name release is not a requirement for receiving the technology award. All applicants will be evaluated based on the same criteria as noted earlier in the application.*

# MARK STAINBROOK MEMORIAL TECHNOLOGY AWARD

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THANK YOU FOR YOUR INTEREST IN  
QUESTEQ'S TECHNOLOGY AWARD.

PLEASE EMAIL YOUR COMPLETED APPLICATION TO  
[SCHOLARSHIP@QUESTEQ.COM](mailto:scholarship@questeq.com) ON OR BEFORE MARCH  
11, 2024.



PO Box 99  
Beaver, PA 15009

[scholarship@questeq.com](mailto:scholarship@questeq.com)  
[www.questeq.com/scholarship](http://www.questeq.com/scholarship)  
412-474-2406