

Bernie Smith Scholarship

The Bernie Smith Scholarship was established in 2007 by the Armstrong-Indiana-Clarion Drug and Alcohol Commission, in honor of Indiana County Commissioner Bernie Smith, who passed away on September 2, 2006.

Mr. Smith was born in the small Indiana County mining town of McIntyre on October 25, 1938. At the age of 11, he and his late brother, Peter, were sent to the Milton Hershey School in Hershey, PA after their mother died and his father decided he could not raise them alone. After high school and a two-year stint in the Army, Mr. Smith returned to Indiana County and got his first radio job at a station in Barnesboro. Within a couple of years, Mr. Smith migrated to a larger station, WDAD, in Indiana County, as a disc jockey, where he started the station's first news department. He later worked at WCCS in Homer City as a news reporter. Mr. Smith began his freelance camera work in the late 1970s, first for KDKA-TV and then for WPXI and WTAE in Pittsburgh, and WJAC in Johnstown. Mr. Smith began his public service as a member of the Homer Center School District in 1971 and held that post for 22 years. In 1995, Mr. Smith, a Democrat, won his first four-year term as a County Commissioner. In addition to his job as County Commissioner, Mr. Smith had roles in many civic and social service organizations. He was president-elect of the County Commissioners Association of PA and was a member of the Board of Directors of the Armstrong-Indiana Mental Health/Mental Retardation Program and the Armstrong-Indiana Drug and Alcohol Commission. Mr. Smith is survived by his wife, Gladys, two daughters, and three grandchildren.

This award is presented yearly to one student from Armstrong County, one student from Clarion County, and one student from Indiana County. The honorees shall be chosen from the graduating class of the high schools located in Armstrong, Clarion, and Indiana County or the graduating class of a cyber school or home school.

Students applying for the Bernie Smith Memorial Scholarship should be students exemplifying the mission of the Armstrong-Indiana-Clarion Drug and Alcohol Commission by way of their involvement, leadership and accomplishments throughout their high school career.

Eligible students are those students who have been involved in activities promoting the mission of the Armstrong-Indiana-Clarion Drug and Alcohol Commission. Information on the Commission can be found at www.aicdac.org. The student must be furthering their education in some fashion (college, trade school, etc.). In addition to completing the attached application, the applicant can submit up to three letters of support that confirm the student's experience and accomplishments that promote the mission of the Armstrong-Indiana-Clarion Drug and Alcohol Commission. **More than one application per school is permitted and welcomed.**

The mission of the Armstrong-Indiana-Clarion Drug and Alcohol Commission is to address the abuse and destructive effects of alcohol, tobacco, and other drugs through prevention, intervention, treatment, and case management.

The vision of the Armstrong-Indiana-Clarion Drug and Alcohol Commission is to maximize resources that empower change to improve the quality of life for individuals, families, and the community impacted by the abuse and destructive effects of alcohol, tobacco, and other drugs.

A committee of members of the Armstrong-Indiana-Clarion Drug and Alcohol Commission Board will review these applications. The committee will select the most appropriate applicant and present their decision to the board for approval.

The Armstrong-Indiana-Clarion Drug and Alcohol Commission shall present the award at their monthly meeting in May. Award recipients will be expected to give a brief talk about their application and their future plans.

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- Contact Person: Kami Anderson, Executive Director
Armstrong-Indiana-Clarion Drug and
Alcohol Commission
724-354-2746, ext. 302
- Address: Armstrong-Indiana-Clarion Drug and
Alcohol Commission
10829 US Route 422
P.O. Box 238
Shelocta, PA 15774
www.aicdac.org
- Scholarship Amount: \$1,000
- To Honor: The honoree should be a student in a high school,
Cyber school, or home school program that
exemplifies the mission of AICDAC by way
of their involvement, leadership, and
accomplishments throughout their high school
career.
- Requirements:
- 1) AICDAC Scholarship Application;
 - 2) At least one, but not more than three letters of support that confirm the student's experience and accomplishments that promote the mission of the Armstrong-Indiana-Clarion Drug and Alcohol Commission;
 - 3) Student essay expressing experiences and accomplishments as they relate to the mission of the AICDAC;
 - 4) Other supportive documentation;
 - 5) Applications must be typed, or computer generated. **Hand-written applications will not be accepted.** A Word version of the application, as well as information on the Commission, can be found at www.aicdac.org.
 - 6) Submission deadline: Applications must be postmarked by **March 15, 2023.**

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Student Information

- Name: _____
- Address: _____
- Phone: _____
- School: _____
- County: _____

Name of the college or trade school that you plan to attend:

Have you been accepted? Yes _____ No _____

Date you will enter school: _____
Month/year

Activities that support mission of AICDAC

List all activities you have participated in and the hours spent in grades 9-12. These activities should not include school-sponsored activities such as band, chorus, sports, etc.

Activity	Description	Hours
A.		
B.		
C.		
D.		
E.		

School/Community Activities

List all School/Community Activities you have participated in, awards received, and office held in grades 9-12

Activity	Grade	Hours
A.		
B.		
C.		
D.		
E.		

Other related Activities

List any other activity that could not be included above

Activity	Year	Hours Spent
A.		
B.		
C.		
D.		
E.		

Submission:

Submit an essay expressing your experiences and accomplishments. Include your thoughts on how your high school activities have supported the mission of AICDAC and how it plays a part in your future.

STUDENT SIGNATURE: _____

DATE _____

I VERIFY THAT THE INFORMATION ON THIS APPLICATION IS ACCURATE
TO THE BEST OF MY KNOWLEDGE