## William Penn Fraternal Association Scholarship Foundation, Inc.

709 Brighton Road, Pittsburgh, PA 15233-1821

Phone: 412-231-2979 • Toll-free: I-800-848-7366 • Fax: 412-231-8535 • Email: scholarship@wpalife.org



## Application for Scholarship Grant Academic Year 2018-2019



1. Check One: □New A	pplicant	□Renewal <i>A</i>	Applicant	
TUDENT APPLICANT INFORMATION				
			2 DATE OF BIRTH	,
2. NAME: Last	First	Middle Ini	3. DATE OF BIRTH: /	-1
I. ADDRESS:				
No. Street				
City		State	Zip Code	
. STUDENT APPLICANT'S PHONE: (	)	6. SOCIAL SECURITY NO.:		
7. E-MAIL ADDRESS:				
. ACCREDITED COLLEGE OR UNIVERSIT	Y WHERE ACC	EPTED:		
School Name:			Year Will Be ☐ Freshman Attending in School: ☐ Sophomore	☐ Junio
Street Address or P. O. Box:			<u> </u>	
City:		State:	Zip Code:	
City:  10. MAJOR COURSE OF STUDY (e.g., EN	GINEERING, PF			

11. LIST THREE PERSONAL REFERENCES, EXCLUDING RELATIVES, WHO HAVE KNOWN YOU FOR AT LEAST TWO YEARS (e.g., TEACHERS, CLERGYMEN, COACHES, ETC.):				
Name	Address	Occupation		
12. LIST YOUR INVOLVEMENT IN WILLIAM PENN ASS	OCIATION FRATERNAL AC	TIVITIES OR COMMUNITY SERVICE PROJECTS):		
13. EXTRACURRICULAR SCHOOL ACTIVITIES (i.e., ATI	HLETICS, THE ARTS, SCHO	OL CLUBS):		
14. SUGGEST AN EVENT OR PROJECT THAT WPA CO	JLD PROMOTE WHICH WO	ULD INTEREST YOUNG ADULTS:		
15. WILLIAM PENN ASSOCIATION LIFE INSURANCE C INFORMATION ON BOTH STUDENT Studen	ERTIFICATE INFORMATIO	N VERIFICATION:  CHECK ONE: □Parent or □Grandparent of Applicant		
AND PARENT (OR GRANDPARENT) IS REQUIRED. Name:				
Life Insurance Certificate Number:				
Branch Number:				
PLEASE NOTE: ALL APPLICANTS must submit an efform, to be considered for a grant. The application PLICANTS must also submit: (1) a transcript of the the Fall 2018 school term. RENEWAL APPLICANTS showing that the student has maintained a cumulati	and essay must be mailed student's high school sol must also submit: (1) a ve Grade Point Average o	d and postmarked by May 31, 2018. NEW AP- holastic record; and (2) proof of enrollment for copy of the student's latest scholastic record of at least 2.5 on a 4.0 scale; and (2) proof		
of enrollment for the Fall 2018 school term. Failure result in the forfeiture of your grant. The undersignation or its representatives to share or discuss this A	ed APPLICANT hereby au	thorizes and approves the Scholarship Founda-		
I hereby certify that I have read the eligibility rules contains no misstatements or omissions of material complete and correct.				
Signature of Applicant		Date		