

William Penn Fraternal Association Scholarship Foundation, Inc.

709 Brighton Road, Pittsburgh, PA 15233-1821

Phone: 412-231-2979 • Toll-free: 1-800-848-7366 • Fax: 412-231-8535 • Email: scholarship@wpalife.org



Application for Scholarship Grant Academic Year 2019-2020



1. Check One: New Applicant Renewal Applicant

STUDENT APPLICANT INFORMATION

2. NAME: _____ 3. DATE OF BIRTH: ____/____/____
Last First Middle Initial

4. ADDRESS: _____
No. Street

City State Zip Code

5. STUDENT APPLICANT'S PHONE: () 6. SOCIAL SECURITY NO.:

7. E-MAIL ADDRESS: _____

8. SCHOOLS ATTENDED (LIST IN REVERSE CHRONOLOGICAL ORDER, STARTING WITH MOST RECENT SCHOOL):

| Name of College/High School | Location | Dates Attended (Month/Year) Ex: 08/2014 - 06/2018 |
|-----------------------------|----------|--|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

9. ACCREDITED COLLEGE OR UNIVERSITY WHERE ACCEPTED:

School Name: _____ Year Will Be Attending in School: Freshman Junior
 Sophomore Senior

Street Address or P. O. Box: _____

City: _____ State: _____ Zip Code: _____

10. MAJOR COURSE OF STUDY (e.g., ENGINEERING, PRE-MEDICAL, BUSINESS, ETC.):

Completed application & essay must be mailed and postmarked by May 31, 2019

11. LIST YOUR INVOLVEMENT IN WILLIAM PENN ASSOCIATION FRATERNAL ACTIVITIES, COMMUNITY SERVICE PROJECTS AND EXTRACURRICULAR SCHOOL ACTIVITIES (i.e., ATHLETICS, THE ARTS, SCHOOL CLUB, ETC.):

12. WILLIAM PENN ASSOCIATION LIFE INSURANCE CERTIFICATE INFORMATION VERIFICATION:

INFORMATION ON BOTH STUDENT AND PARENT (OR GRANDPARENT) IS REQUIRED.

Student Applicant

CHECK ONE: Parent or Grandparent

Name: _____

Life Insurance Certificate Number: _____

Branch Number: _____

PLEASE NOTE

ALL APPLICANTS must submit an essay not exceeding 100 words, along with this completed application form, to be considered for a grant. The application and essay must be mailed and postmarked by May 31, 2019.

NEW APPLICANTS must also submit: (1) a transcript of the student's high school scholastic record; and (2) proof of enrollment for the Fall 2019 school term.

RENEWAL APPLICANTS must also submit: (1) a copy of the student's latest scholastic record showing that the student has maintained a cumulative Grade Point Average of at least 2.5 on a 4.0 scale; and (2) proof of enrollment for the Fall 2019 school term.

Failure to submit these items by the date specified in the Eligibility Rules will result in the forfeiture of your grant. The undersigned **APPLICANT** hereby authorizes and approves the Scholarship Foundation or its representatives to share or discuss this Application with my parents and/or legal guardians.

I hereby certify that I have read the eligibility rules prior to completing this application. I further certify that this application contains no misstatements or omissions of material fact and that the statements herein are to the best of my knowledge complete and correct.

Signature of Applicant

Date

Completed application & essay must be mailed and postmarked by May 31, 2019