

# William Penn Fraternal Association Scholarship Foundation, Inc.

709 Brighton Road, Pittsburgh, PA 15233-1821

Phone: 412-231-2979 • Fax: 412-231-8535 • Email: scholarship@wpalife.org



## Application for Scholarship Grant Academic Year 2025-2026



### STUDENT APPLICANT INFORMATION

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:**     /     /

                    Last                                      First                                      Middle Initial

**ADDRESS:** \_\_\_\_\_

                    No.                                      Street

                    City    State    Zip Code

**STUDENT APPLICANT'S PHONE:** (     ) \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**WPA LIFE INSURANCE CERTIFICATE NO.:** \_\_\_\_\_ **WPA BRANCH NO.:** \_\_\_\_\_

### ACCREDITED COLLEGE, UNIVERSITY, SCHOOL OF NURSING OR TECHNICAL/TRADE SCHOOL WHERE ACCEPTED:

School Name: \_\_\_\_\_

Street Address or P. O. Box: \_\_\_\_\_

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

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

**HAVE YOU EVER RECEIVED A WPFASF, INC. SCHOLARSHIP GRANT?**    YES    NO

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. I also hereby authorize and approve the WPPFA Scholarship Foundation or its representatives to share or discuss this application with my parents and/or legal guardians.

\_\_\_\_\_  
Signature of Student Applicant

\_\_\_\_\_  
Date

**Completed application form & other documents required under section (e) of the eligibility rules (excluding proof of enrollment) must be mailed & postmarked or sent via email or faxed by May 30, 2025. If you do not receive acknowledgement of your email submission within 7 days, please contact us.**