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 2026-2027

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: _____

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 WPFA 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 31, 2026. If you do not receive acknowledgement of your email submission within 7 days, please contact us.