



SCHOLARSHIP APPLICATION FORM

Deadline: June 1, 2017

Please print or type:

Student Name _____ Last 4 digits SS# _____

Street Address _____

City _____ State _____ Zip _____ Email: _____

Date of Birth _____ Class Level _____ Major/ Field of Study _____

Institution _____ Branch/Regional Campus _____

GPA (must be at least cumulative 2.5 from a postsecondary institution) _____ Anticipated Graduation Date _____

Please complete the following:

1. List your current extra-curricular and/or job activities (e.g. part-time work, volunteer, committees, etc.)

2. Briefly, describe your career goals.

3. On an additional sheet of paper, submit a typed essay (500 words or less) about the value of education in your life.

STUDENT'S STATEMENT OF CANDIDACY

I authorize PASFAA to use the above information for publicity purposes if I am selected for a scholarship. I also authorize the Financial Aid Office at my institution to release information concerning my academic and financial history. I will provide my entire social security number for tax purposes if selected as a recipient.

Student Signature _____ Date _____