



MAYOR JOSEPH DIGIROLAMO SCHOLARSHIP FOUNDATION

APPLICATION FOR SCHOLARSHIP AWARD

PERSONAL INFORMATION:

Name: _____

Address: _____

Phone: _____

Date of Birth: _____

Social Security No: _____

High School Graduating from: _____

Major/Type of curriculum you will pursue: _____

Father's Name _____ **Father's Age** _____

Mother's Name _____ **Mother's Age** _____

Guardian/Stepfather's Stepmother's Name (if applicable) _____ **Age** _____

With whom does student reside? _____

Is the applicant working? _____ if yes, where?

Number of hours per week _____ Weekly pay?

INCLUDING THE APPLICANT, please answer the following:

Number of children living at home under 18? _____

Total number of children in the family, inclusive _____

Number of children enrolled in college? _____

Of the total enrolled in college number commuting? _____

Number living on campus? _____

Are any children attending college receiving financial aid? _____

Father's occupation _____ Annual salary _____ Attach W-2

Mother's occupation _____ Annual salary _____ Attach W-2

Stepfather's occupation _____ Annual salary _____ Attach W-2

Stepmother's occupation _____ Annual salary _____ Attach W-2

List any other source of income to the family such as: scheduled child support payments _____

Assistance from any government agency _____ foster care payment _____ Other _____

(All applications are considered confidential)

In 500 words or less attach an essay listing any information you feel is pertinent to this application.

ALL APPLICATIONS MUST BE TURNED IN, NO LATER THAN THE 24TH OF APRIL

**TO: Mayor's Scholarship Committee
2400 Byberry Road
Bensalem, PA. 19020**

All Information Must Be Provided for this application to be considered.

College Major Field of Concentration:

#1 Choice _____

Room & Board 1st Yr _____

Tuition 1st Yr _____

Total Cost First Year _____

Colleges Accepted to: _____

Class Population _____ **Class Rank** _____ **Unweighted Point Average** _____

Have you applied for admission to college? _____

Have you applied for a scholarship? _____ **If yes, complete the following:**

Source(s) and amount received _____

Number of years _____

Have you received a grant from the college you are planning to attend? _____ **If yes, what is the amount?** _____

Have you applied for or received a loan? _____ **If yes, what is the amount?** _____

Information Concerning Scholarship

Purpose – The Joseph DiGirolamo Scholarship Foundation was established to help promote continuing education by providing financial assistance towards college tuition payments for our high school graduates.

Selection Process – The selection process will be made by no less that two members of the foundation committee from applications received from Bensalem residents graduating from the 12th grade. Students must enroll in at least a two (2) year full time day course in a school above the secondary level. Students must demonstrate qualities of leadership, good citizenship and scholastic ability.

Amount of the Scholarship: Five to Seven students will be awarded \$2000.00, each at the discretion of the scholarship committee.

Scholarship payment will be made to the student by the committee after a **copy of the college bill is received, showing payment has been made.**