

# Mayor Joseph DiGirolamo Scholarship Foundation

## Application for Scholarship Award

### APPLICANT'S INFORMATION:

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

High School Graduating From: \_\_\_\_\_

Major/Type of Curriculum You Will Pursue: \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Legal Guardians (if applicable): \_\_\_\_\_

With Whom Does Student Reside: \_\_\_\_\_

The information on this application is **CONFIDENTIAL** and will only be used in the scholarship selection process.

**ALL INFORMATION MUST BE PROVIDED FOR THIS APPLICATION TO BE CONSIDERED**

Colleges Accepted To:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

College Major/Field

#1 Choice \_\_\_\_\_  
Room & Board Cost 1<sup>st</sup> Year \_\_\_\_\_  
Tuition Cost 1<sup>st</sup> Year \_\_\_\_\_  
Total Cost 1<sup>st</sup> Year \_\_\_\_\_

Class Population \_\_\_\_\_ Class Rank \_\_\_\_\_ Unweighted Grade Point Average \_\_\_\_\_

Have you applied for admission to college/institute of higher education? \_\_\_\_\_

If so, where? \_\_\_\_\_

Have you applied for scholarship? \_\_\_\_\_ If yes, please complete the following:

**SOURCE:** \_\_\_\_\_ **AMOUNT:** \_\_\_\_\_ **NUMBER OF YEARS:** \_\_\_\_\_

Have you received a grant from the college you are planning to attend? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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? \_\_\_\_\_

What is the total cost of your first year of education? \_\_\_\_\_

PERSONAL INFORMATION:

Is the applicant working? \_\_\_\_\_ If yes, where: \_\_\_\_\_

Number of hours per week? \_\_\_\_\_ Weekly Income? \_\_\_\_\_

INCLUDING THE APPLICANT, please answer the following:

Number of children living at home \_\_\_\_\_

Number of children enrolled in college \_\_\_\_\_

Number of children commuting to college \_\_\_\_\_

Number of children 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

List any other source of income to the family \_\_\_\_\_

ESSAY PORTION OF APPLICATION!

In 500 words or less, attach an essay indicating why you believe you should be considered for this scholarship and any other pertinent information you feel should be included.

**ALL APPLICATIONS MUST BE RETURNED BY APRIL 27, 2018 (FIRM – NO EXCEPTIONS)**

SUBMIT TO: (if my United States Mail)

Mayor Joseph DiGirolamo Scholarship Committee  
2400 Byberry Road  
Bensalem, PA 19020

If by email send to [Mayorsoffice@bensalempa.gov](mailto:Mayorsoffice@bensalempa.gov)

**GOOD LUCK TO ALL APPLICANTS!**