

Scholarship 2025!!!!!!

**2025** Application  
Mayor Joseph  
DiGirolamo  
Scholarship  
Program

Friday, May 02, 2025  
Deadline

# 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 under 18 \_\_\_\_\_

Total number of children in family, inclusive \_\_\_\_\_

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 should receive this scholarship and any information you believe is pertinent to this. **APPLICATIONS WITHOUT ESSAYS OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED!**

**ALL APPLICATIONS MUST BE RETURNED BY May 2, 2025  
(FIRM – NO EXCEPTIONS)**

SUBMIT TO: (if by United States Mail)

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

Attn: Dawn Davis, Executive Assistant to Mayor

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

**GOOD LUCK TO ALL APPLICANTS!**