

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 1st Year _____
Tuition Cost 1st Year _____
Total Cost 1st 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 17, 2019 (FIRM – NO EXCEPTIONS)

SUBMIT TO: (if by United States Mail)

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

If by email send to Mayorsoffice@bensalempa.gov

GOOD LUCK TO ALL APPLICANTS!