

# William Penn Fraternal Association Scholarship Foundation, Inc.

709 Brighton Road, Pittsburgh, PA 15233-1821

Phone: 412-231-2979 • Toll-free: 1-800-848-7366 • Fax: 412-231-8535 • Email: scholarship@wpalife.org



## Application for Scholarship Grant Academic Year 2020-2021



1. Check One:  New Applicant  Renewal Applicant

### STUDENT APPLICANT INFORMATION

2. NAME: \_\_\_\_\_ 3. DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Initial

4. ADDRESS: \_\_\_\_\_  
No. Street

City State Zip Code

5. STUDENT APPLICANT'S PHONE: ( ) \_\_\_\_\_

6. E-MAIL ADDRESS: \_\_\_\_\_

### 7. SCHOOLS ATTENDED (LIST IN REVERSE CHRONOLOGICAL ORDER, STARTING WITH MOST RECENT SCHOOL):

Name of College/High School	Location	Dates Attended (Month/Year) <i>Ex: 08/2016 - 06/2020</i>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### 8. ACCREDITED COLLEGE OR UNIVERSITY WHERE ACCEPTED:

School Name: \_\_\_\_\_ Year Will Be Attending in School:  Freshman  Junior  Sophomore  Senior

Street Address or P. O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### 9. MAJOR COURSE OF STUDY (e.g., ENGINEERING, PRE-MEDICAL, BUSINESS, ETC.):

\_\_\_\_\_

**Completed application & essay must be mailed and postmarked by May 29, 2020**

**10. WILLIAM PENN ASSOCIATION LIFE INSURANCE CERTIFICATE INFORMATION VERIFICATION:  
INFORMATION ON BOTH THE STUDENT APPLICANT AND EITHER A PARENT OR GRANDPARENT IS REQUIRED.**

**STUDENT APPLICANT** Name: \_\_\_\_\_

Life Insurance Certificate Number: \_\_\_\_\_

Branch Number: \_\_\_\_\_

**PARENT OR**  **GRANDPARENT** Name: \_\_\_\_\_

Life Insurance Certificate Number: \_\_\_\_\_

Branch Number: \_\_\_\_\_

## PLEASE NOTE

ALL APPLICANTS must submit an essay not exceeding 100 words, along with this completed application form, to be considered for a grant. The application and essay must be mailed and postmarked by May 29, 2020.

NEW APPLICANTS must also submit: (1) a transcript of the student's latest scholastic record; and (2) proof of enrollment for the Fall 2020 school term.

RENEWAL APPLICANTS must also submit: (1) a copy of the student's latest scholastic record showing that the student has maintained a cumulative Grade Point Average of at least 2.5 on a 4.0 scale; and (2) proof of enrollment for the Fall 2020 school term.

Failure to submit these items by the date specified in the Eligibility Rules will result in the forfeiture of your grant. The undersigned student applicant hereby authorizes and approves the Scholarship Foundation or its representatives to share or discuss this application with his or her parents and/or legal guardians.

I hereby certify that I have read the eligibility rules prior to completing this application. I further certify that this application contains no misstatements or omissions of material fact and that the statements herein are to the best of my knowledge complete and correct.

\_\_\_\_\_  
Signature of Student Applicant

\_\_\_\_\_  
Date

**Completed application & essay must be mailed and postmarked by May 29, 2020**