## William Penn Fraternal Association Scholarship Foundation, Inc.

709 Brighton Road, Pittsburgh, PA 15233-1821 Phone: 412-231-2979 • Fax: 412-231-8535 • Email: scholarship@wpalife.org



## Application for Scholarship Grant Academic Year 2023-2024



1. Check One: □New Applicant □Renewal Applic	cant
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STUDENT APPLICANT INFORMATION					
2. NAME:		3. DATE OF BIRT	H:		
Last First	Middle Initial				
4. ADDRESS:					
No. Street					
City	State	Zip Code			
5. STUDENT APPLICANT'S PHONE: ( )	Clato	Lip Code			
o. or oblin ar Eloant or Hone.					
6. E-MAIL ADDRESS:					
7. WPA LIFE INSURANCE CERTIFICATE NO.: 8. WPA BRANCH NO.:			NCH NO.:		
9. ACCREDITED COLLEGE, UNIVERSITY, SCHOOL OF NURSING OR TECHNICAL/TRADE SCHOOL WHERE ACCEPTED:					
	•	Year Will Be	☐ Freshman ☐ Junior		
School Name:		Attending in School:	□ Sophomore □ Senior		
Street Address or P. O. Box:					
City:	State:	Zip Code:			
	otato.	Lip Codo.			
10. MAJOR COURSE OF STUDY (e.g., ENGINEERING, PRE-MEDICAL, BUSINESS, ETC.):					
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. I also hereby authorize and approve the WPFA Scholarship Foundation or its representatives to share or discuss this application					
with my parents and/or legal guardians.					
Signature of Student Appli	cant		Date		

Completed application form & other documents required under section (e) of the eligibility rules (excluding proof of enrollment) must be mailed & postmarked or sent via email or faxed by May 26, 2023