

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 2024-2025



STUDENT APPLICANT INFORMATION

NAME: _____ **DATE OF BIRTH:** / /

Last First Middle Initial

ADDRESS: _____

No. Street

City State Zip Code

STUDENT APPLICANT'S PHONE: () _____

E-MAIL ADDRESS: _____

WPA LIFE INSURANCE CERTIFICATE NO.: _____ **WPA BRANCH NO.:** _____

ACCREDITED COLLEGE, UNIVERSITY, SCHOOL OF NURSING OR TECHNICAL/TRADE SCHOOL WHERE ACCEPTED:

School Name: _____

Street Address or P. O. Box: _____

City: _____ **State:** _____ **Zip Code:** _____

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

HAVE YOU EVER RECEIVED A WPFASF, INC. SCHOLARSHIP GRANT? YES NO

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 WPPFA Scholarship Foundation or its representatives to share or discuss this application with my parents and/or legal guardians.

Signature of Student Applicant

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 31, 2024. If you do not receive acknowledgement of your email submission within 7 days, please contact us.