

THE
PILGRIM FOUNDATION
Established in 1926 by Edgar B. Davis
In memory of Amy D. Pratt and Oscar C. Davis

P.O. Box 3400 Brockton, MA 02304 Telephone: 508-586-6100
Email : tpfkathy@gmail.com

APPLICATION FOR SCHOLARSHIP AWARD

HIGH SCHOOL STUDENTS: You must complete and return this application form, along with a formal letter of application (signed), the family's most recent income tax return or FAFSA, a copy of your secondary school transcript and the acceptance letter from the college or university you will be attending before May 15th.

HIGHER EDUCATION STUDENTS: You must complete and return the application form, along with a formal letter of application (signed), the family's most recent income tax return or FAFSA and a copy of your official college transcript before June 15th.

The **letter of application** should tell the selection committee something about yourself, what your values and attitudes are, how they were acquired, your aims in life and how you will achieve them or what/who has most influenced your life thus far in no more than 300 words.

APPLICANT

Name in full: _____
 Last First Middle email address

Present address: _____
 Street and number City State Zip Male or Female

Telephone No. _____ Cell Phone No. _____ Date of Birth _____

Permanent address: _____
 Street and number City State Zip

School now attending: _____
 School Name City State Zip

What professional field do you plan to enter? _____

To what colleges or university have you applied?	City & State	Accepted Y or N
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____

EDUCATION: List of high schools and colleges attended:

Name	City & State	From-To	Major
High School(s) _____			N/A
_____			N/A
College(s) _____			

FAMILY HISTORY

Father, Stepfather or Male Guardian

Mother, Stepmother or Female Guardian

Name: _____

Name: _____

Street: _____

Street: _____

City & State _____ Zip _____

City & State _____ Zip _____

Occupation: _____

Occupation: _____

Employed by: _____

Employed by: _____

Names of siblings

Age

School, College or place of employment

Marital Status

STUDENTS TOTAL RESOURCES

IF APPLICANT IS AN ENTERING FIRST-TIME STUDENT, COMPLETE ONLY THE ESTIATED COLUMN.

Resources are for:

12 months

Actual 20____ Estimated 20____

Resources from Parents/Guardians _____

Grants or scholarships – list sources _____

Savings from full or part-time employment _____

Veterans – GI Bill Benefits _____

Social Security Benefits _____

Education Loans _____

Other: _____

Employment: Describe and give dates for full or part-time employment during high school and college.

List extra-curricular activities (athletics, dramatics, college organizations, service clubs, community projects).

Indicate your membership in honorary societies, other organizations and any offices held.

STATEMENT OF APPLICANT

I hereby affirm that all information supplied by me is accurate and that this application will remain the property of The Pilgrim Foundation.

Date

Signature of Applicant

STATEMENT OF PARENT AND/OR GUARDIAN **FOR HIGH SCHOOL STUDENTS ONLY**

If the applicant is self-supporting, check here _____ and sign.

I certify that the information provided is correct and financial assistance is necessary.

Date

Signature of Parent/Guardian or Applicant if self-supporting

All information will be considered as confidential by the Pilgrim Foundation and its selection committee.

Please fill out the application and include the documentation listed below. If approved, you will be notified. The check will be provided directly to you upon evidence of enrollment in your institution of higher learning (tuition bill, class schedule).

HAVE YOU INCLUDED WITH APPLICATION:

Completed application form (Application will not be considered if incomplete)

Letter of application

Income Tax Return of Parent/Guardian or Self-Supporting Applicant or Student Aid Report (FAFSA)

Copy of official high school transcript or official college transcript

Letter of college acceptance **for High School students only**