PILGRIM FOUNDATION

DEADLINE EXTENDED TO JUNE 30

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

APPLICATION FOR SCHOLARSHIP AWARD

HIGH SCHOOL STUDENTS: You must complete and return this application form, along with a formal letter of application, the family's most recent Income Tax Return or Student Aid Report, a copy of your secondary school transcript, and the acceptance letter from the college or university you will be attending, to The Pilgrim Foundation office before April 1st.

HIGHER EDUCATION STUDENTS: You must complete and return this application form, along with a formal letter of application, the family's most recent Income Tax Return or Student Aid Report, and a copy of your official college transcript, to The Pilgrim Foundation office before May 1st.

The letter of application should tell the selection committee something about you: 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.

				T I MARKET					
APPLICANT									
	Mr.								
Name in full	Mrs first			SS#					
(please print)	Miss	idol	mst	THE	aul e				
Present address	st	reet & no.	city	state		zip	*******		ale [
Talanhana Na			,		-44 D	•			emale \square
Telephone No.			Di	ate of B	irtn				
Permanent addre	ess								
(legal residence)		street & no.	city	county		state		zip	1
School now atter	nding								
		school name	city	county		state		zip	1
		sities have you applie	ed?	0	0 C4.	nto.			
Name of college or university				City & State					
A									
B						_			
C		,						2722	=
D			· · · · · · · · · · · · · · · · · · ·						
E									
		been accepted?		Α.	В.	C.	D.	E.	(circle)

EDUCATION: List all high schools and colleges attended:	From – To		Degree an	•
Name City & State	(month & year)	Major	Kind	Date
High School(s)	/ - /	NA		
	/ - /	NA		
College(s)	/ - /			
	/ – /			
Special Study	/ - /			
	/ - /			
FATHER, STEPFATHER, OR MALE GUARDIAN	MOTHER, STEPMC	THER, OR FE	EMALE GU	IARDIAN
Name:	Name:			
Street:	Street:			
City & State: Zip:	City & State:		Zip:	
Occupation: Title:	Occupation:		_ Title:	
Employed By: No. of Yrs	Employed By:		_ No. of Yrs	3
Home if owned or being purchased – monthly mortgage purchased – mortgage pur				
Investments (stocks, bonds, and other securities):				
Business or farm if owned:				
Unusual Expenses: (use separate sheet)				
Other Significant Debt: (use separate sheet)				
FAMILY HISTORY				
Names of siblings Age Scho	ol, college, or place o	f employment		Marital statu

For those siblings attending collect	ge or university, indicate y	ear of graduation, cost, and	any financial aid received.
College	YOG	Cost Per Year	Financial Aid
•			<u> </u>
, <u>j</u>			
STUDENTS TOTAL RESOL	JRCES		
IF APPLICANT IS AN ENTERING	G FIRST-TIME STUDENT	T, COMPLETE ONLY THE E	STIMATED COLUMN.
Resources are for:			12 months
		Actual 20	Estimated 20_
Resources from parents or guard	ian		
Grants or scholarships (list source	es)	•	
Savings from full or part-time emp	oloyment		
Veterans – GI Bill Benefits			
Social Security Benefits			
Educational Loans			
Other Sources (list below)			
		- Control Cont	
	•	TOTAL \$	\$
*Include in the estimated column:	the grants, scholarships,	and loans you have actually	/ have been awarded.
Employment: Describe and give of	lates for full or part-time ϵ	employment during high sch	ool and college.
List any scholarships (sources an	d amount), prizes, honors	s, and awards you have rece	eived as an undergraduate.
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List extracurricular activities (athle	Hics, dramatics, college of	organizations, service clubs,	community projects, etc.)
Indicate your membership in hone	orary societies, other ora:	anizations and any offices be	əld
maiotto jour momboromp in nort	stary cooledoo, other orga	and any onloss no	

APPLICATIONS WILL BE DENIED IF REQUESTED INFORMATION IS NOT RECEIVED IN THE PILGRIM FOUNDATION OFFICE BEFORE THE DEADLINE OF APRIL 1 FOR HIGH SCHOOL APPLICANTS OR MAY 1 FOR HIGHER EDUCATION APPLICANTS.

_	ATEMENT OF APP					
	reby affirm that alighto rim Foundation. /	rmation supplied by me is accurate and that this application will remain the property of The				
	/					
		Circulation of Aprillaged				
	Date	Signature of Applicant				
STA	ATEMENT OF PAR	IT AND/OR GUARDIAN				
If the	e applicant is self-supp	porting, check here and sign.				
I cei	rtify that the informatio	n provided is correct and financial assistance is necessary.				
	Date	Signature of Parent/Guardian or Applicant if self-supporting				
		- gg				
SEL		L BE CONSIDERED AS CONFIDENTIAL BY THE PILGRIM FOUNDATION AND ITS E. FINANCIAL AID WILL BE ONE OF THE CRITERIA CONSIDERED BY THE SELECTION				
	~	? HAVE YOU INCLUDED ?				
	Completed application	n 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					
	Copy of official high school transcript or official college transcript					
	Letter of college acce	eptance				
NO	OTICE: You may also e	email your application to Pilgrimfoundation@comcast.net				

Rev. 12/10