

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: [thepilgrimfoundation@comcast.net](mailto:thepilgrimfoundation@comcast.net)

**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 FAFSA, 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 1<sup>st</sup>.

**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 FAFSA, and a copy of your official college transcript, to The Pilgrim Foundation office before May 1<sup>st</sup>.

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.

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**APPLICANT**

Name in full: \_\_\_\_\_  
(please print)                      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: \_\_\_\_\_  
(legal residence)                      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

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

E. \_\_\_\_\_

To which of these have you been accepted?                      A.    B.    C.    D.    E. (circle)

**EDUCATION:** List all high schools and colleges attended:

Name	City & State	From – To (month & year)	Major	Degree anticipated Kind	Date
High School(s).			N/A		
			N/A		
College(s).					
Special Study					

**FATHER, STEPFATHER, OR MALE GUARDIAN**

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City & State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Title: \_\_\_\_\_  
 Employed By: \_\_\_\_\_ # of years \_\_\_\_\_

**MOTHER, STEPMOTHER OR FEMALE GUARDIAN**

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City & State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Title: \_\_\_\_\_  
 Employed By: \_\_\_\_\_ # of years \_\_\_\_\_

**PARENT'S ASSETS AND INDEBTEDNESS**

Home if owned – monthly mortgage payments: \$ \_\_\_\_\_

If Renting – monthly rent: \$ \_\_\_\_\_

Other Real Estate \_\_\_\_\_

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	School, college or place of employment	Marital status
_____			
_____			
_____			
_____			

For those siblings attending college or university, indicate year of graduation, cost and any financial aid received.

College	YOG	Cost Per Year	Financial Aid

**STUDENTS TOTAL RESOURCES**  
**IF APPLICANT IS AN ENTERING FIRST-TIE STUDENT, COMPLETE ONLY THE ESTIMATED COLUMN.**

Resources are for:	12 months	
	Actual 20__	Estimated 20__
Resources from parents or guardian	_____	_____
Grants or scholarships (list sources)	_____	_____
_____	_____	_____
_____	_____	_____
Savings from full or part-time employment	_____	_____
Veterans – GI Bill Benefits	_____	_____
Social Security Benefits	_____	_____
Educational Loans	_____	_____
Other Resources (List below)	_____	_____
_____	_____	_____
_____	_____	_____
<b>Total</b>	_____	_____

\*Include in the estimated column: the grants, scholarships, and loans you have actually been awarded.

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

\_\_\_\_\_

\_\_\_\_\_

List any scholarships (sources and amount), prizes, honors and awards you have received as an undergraduate.

\_\_\_\_\_

\_\_\_\_\_

List extracurricular activities (athletics, dramatics, college organizations, service clubs, community projects, etc.)

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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. APLICATIONS WILL BE ACCEPTED VIA EMAIL AT [thepilgrimfoundation@comcast.net](mailto:thepilgrimfoundation@comcast.net).

**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**

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. FINANCIAL AID WILL BE ONE OF THE CRITERIA CONSIDERED BY THE SELECTION COMMITTEE.

**HAVE YOU INCLUDED:**

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