



ALL APPLICANTS

# William L. and Margaret L. Benz Foundation

## 2024 SCHOLARSHIP APPLICATION

Send completed application postmarked by April 15, 2024 to:  
H.W. Turner, Esq.  
Benz Foundation  
K&L Gates Center  
210 Sixth Avenue  
Pittsburgh, PA 15222-2613  
412.355.6478  
woodruff.turner@klgates.com

**INSTRUCTIONS:**

1. Attach a copy of your most recent grade transcript (please send winter/spring term grades when received).
2. Attach a written statement that describes any activities in which you have participated, your career objectives and any additional reasons you think justify your receiving a Benz Scholarship.
3. If you have any extenuating circumstances regarding your family, academic or financial status, please explain in full.
4. Please be sure to provide a VALID mailing address for Item #3 below."

1. Name \_\_\_\_\_  
First Middle Initial Last
2. Date of Birth \_\_\_\_\_
3. Permanent Home Address \_\_\_\_\_  
Street City/Borough/Township Zip Code  
 Telephone No. \_\_\_\_\_ Email Address \_\_\_\_\_
4. How long have you resided at the above address? \_\_\_\_\_
5. Parents' Name and Home Address \_\_\_\_\_  
Name Street City/Borough/Township Zip Code  
 Parents' Telephone No. \_\_\_\_\_
6. High School attended \_\_\_\_\_ Date of Graduation \_\_\_\_\_
7. Name and address of the school you expect to attend? \_\_\_\_\_  
 \_\_\_\_\_ If in college, what is your QPA? \_\_\_\_\_
8. If you previously attended another college, state where and when \_\_\_\_\_
9. What is your major? \_\_\_\_\_ Career objective: \_\_\_\_\_
10. What degree will you seek? \_\_\_\_\_
11. Will you attend full-time  or part-time  ?
12. Will you be a Freshman  Sophomore  Junior  Senior  Graduate Student  Professional Student  ?
13. Will you commute from your home, or live on campus? \_\_\_\_\_
14. List the name and amount of any other scholarships you expect to receive for the upcoming academic year. \_\_\_\_\_
15. Identify by name and school any other person in your household who will attend college in 2024-2025, including their tuition, room and board and any scholarship(s) they have received. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
16. Specify your expected college costs for the academic year: Room and Board \$ \_\_\_\_\_ Tuition and Fees \$ \_\_\_\_\_
17. List year and amount of prior Benz Scholarship \_\_\_\_\_
18. Explain any changes in your family income since last year \_\_\_\_\_

*I certify the above statements are true and correct and that if awarded a scholarship, I will notify the Foundation of any other grants or scholarships received by me for the academic year in question.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant