

PENNSYLVANIA STATE  
**RESOURCE FAMILY ASSOCIATION**



Serving the Foster Care Community since 1974

**PSRFA Scholarship Application — 2026**

Pennsylvania State Resource Family Association  
www.psrfa.org

**Applicant Status (check one):**

- Foster Child    Adoptive Child
- Kinship Child    Child Living with Guardian
- Biological Child of a Resource Parent

(PSRFA 2026 dues must be paid)  
Application Deadline: Must be postmarked by April 21, 2026

Mail to: PSRFA Scholarship Committee  
PO Box 60216, Harrisburg, PA 17106-0216

**Applicant Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Telephone: \_\_\_\_\_

Resource Family Name: \_\_\_\_\_

Resource Family Address: \_\_\_\_\_

Resource Family Phone: \_\_\_\_\_

**Education**

Current High School: \_\_\_\_\_

Anticipated Graduation Year: \_\_\_\_\_ County: \_\_\_\_\_ School Phone: \_\_\_\_\_

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Other High Schools Attended (if applicable):

School Name: \_\_\_\_\_

Grades Attended: \_\_\_\_\_ County: \_\_\_\_\_ Phone: \_\_\_\_\_

School Name: \_\_\_\_\_

Grades Attended: \_\_\_\_\_ County: \_\_\_\_\_ Phone: \_\_\_\_\_

**School Activities**

\_\_\_\_\_  
\_\_\_\_\_

**Awards & Honors**

\_\_\_\_\_  
\_\_\_\_\_

**Employment History**

Employer #1

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Employer #2

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Job Duties: \_\_\_\_\_  
\_\_\_\_\_

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**Post-Secondary Education**

Have you been accepted into a college, university, or training program?  Yes  No

School You Plan to Attend: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Degree/Certificate Sought: \_\_\_\_\_

**References**

Attach at least 3 letters of recommendation from the categories below.

1. Caseworker (County Children & Youth Agency)
2. Teacher or School Counselor
3. Resource Family Member
4. Personal Reference (known at least one year)
5. Employer

**Applicant Acknowledgment**

By signing below, I affirm that:

- The information provided is true and complete to the best of my knowledge.
- All application materials become the property of PSRFA.
- If selected, I will provide confirmation of my school enrollment.

**Application Checklist**

- Personal statement describing why I should receive this scholarship
- Official high school transcript
- Three letters of recommendation
- College acceptance letter (if available — may be submitted later)
- Authorization to release my name for PSRFA publications (optional)

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

Resource Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_