

Pennsylvania State Resource Family Association (www.psrfa.org)
Scholarship Application

Please check your status:

Foster Child _____ Adoptive Child _____ Kinship Child _____ Child Living with Guardian _____
Biological Child of a Resource Parent who is a PSRFA member (2020 dues MUST be paid) _____

Application must be postmarked by April 21, 2020. Please attach additional sheets as necessary. Return completed application to: PSRFA Scholarship Committee, PO Box 60216, Harrisburg, PA 17106-0216.

The following application is submitted by:

Name

Last	First	MI
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Address	Street	City	State	ZIP
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Date of Birth _____ Social Security Number _____

Telephone Number _____ Resource Family Name _____

Address _____

Phone Number _____

EDUCATION: Current High School _____ Anticipated Year of Graduation _____

Name of School	Grades Attended	County	Phone Number
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Any other High Schools attended:

Name of School	Grades Attended	County	Phone Number
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Name of School	Grades Attended	County	Phone Number
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List school activities that you participated in: _____

List School Awards/Honors that you received: _____

EMPLOYMENT: (Please list any jobs you have had.)

1. _____

Name of Employer	Address	Dates Employed
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Job Duties (Please describe the major functions of your job.) _____

2. _____

Name of Employer	Address	Dates Employed
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Job Duties (Please describe the major functions of your job.) _____

Have you been accepted to receive Post Secondary Education/Training? If yes, please identify the college/school you will be attending and attach a copy of your acceptance letter. If no, please provide a brief statement regarding your college/school application.

College or school you plan to attend _____
Name

Address City State ZIP

The degree or certificate you are seeking _____

REFERENCES: Letters from at least 3 of the 5 references will be an important part of your application. It is your responsibility to attach reference letters from 3 of the 5 reference types listed below:

1. Caseworker (From the county children and youth agency)

Name County Telephone Number

2. School Teacher/Counselor

Teacher's Name Name of School Telephone Number

3. Resource Family

Name Telephone Number

4. Personal Reference (Someone you have known for at least one year)

Name Relationship Telephone Number

5. Employer

Name Company Name Title Telephone Number

I, the applicant, acknowledge the following:

- All the information provided in this application and as attachments to this application is true and correct to the best of my ability;
- All application materials become the property of the PSRFA;
- I will provide confirmation to PSRFA of my acceptance at the school I will attend if I am selected to receive this scholarship;

I have included the following information with my complete application package: (Please check.)

- Statement explaining why I should be chosen to receive this scholarship, including the reasons why this educational/training opportunity is important to me;
- Official high school transcript;
- Letters of recommendation from three of the five references listed above;
- A letter of acceptance from the college I plan to attend if already accepted (may be submitted separately from the application package);
- If I am selected to receive a scholarship, I hereby authorize release of my name in any PSRFA publication or press release regarding the scholarship program. (Your decision will not affect your application.)

Signature of Applicant Date

Signature of Resource Parent Date