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

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 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 FAFSA, 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.

APPLICANT								
Name in full:								
(please print)	Last	First	M	iddle		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 attendi	ng:							
	School name		city		state	zip		
What professional f	ield do you plan to enter							
To what colleges or	university have you appli	ed?			City & Stat	e		
A								
В								
C								
D								
E								
To which of these have y	b				А. В.	C. D. E. (circl	-1	

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EDUCATION: List all high schools and colleges attended:

	Name	City & Sta	ate	From – To (month & year)	Major	Degree ar Kind	nticipated Date
High School(s).					N/A		
					N/A		
College(s).							
Special Study							
FATHER, STEPFATHER, C	DR MALE GUARDIAN		MOTHER, STEPM	OTHER OR FEMALE GUA	RDIAN		
Name:			Name:				
Street:			Street:				
City & State:	Zip:		City & State:			Z	ip:
Occupation:	Title:		Occupation:		Tit	le:	
Employed By:	# of years		Employed By:			_ # of years _	
PARENT'S ASSETS A	AND INDEBTEDNESS						
Home if owned – month	nly mortgage payments: \$						
	nt: \$						
Investments (stocks, bo	nds, and other securities):						
Business or Farm if own	ed:						
Unusual Expenses: Use	separate sheet						
Other Significant Debt:	Use separate sheet						
FAMILY HISTORY							
Names of siblings		Age	School, college o	r place of employment		Marital st	atus

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For those siblings attending college or u	niversity, indicate year of graduation	on, cost an any financial aid rece	ived.
College	YOG	Cost Per Year	Financial Aid
STUDENTS TOTAL RESOURCES IF APPLICANT IS AN ENTERING I	FIRST-TIE STUDENT, COMPL	ETE ONLY THE ESTIMATE	D 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 employme	ent		
Veterans – GI Bill Benefits			
Social Security Benefits			
Educational Loans			
Other Resources (List below)			
		 Total	
*Include in the estimated columns the	rante scholarchine and loans you	anyo actually boon awarded	
*Include in the estimated column: the g Employment: Describe and give dates for			
Employment. Describe and give dates in	or run or part-time employment du	Ting high school and conege.	
List any scholarships (sources and amou	nt), prizes, honors and awards you	have received as an undergradu	uate.
List extracurricular activities (athletics, c	dramatics, college organizations, se	rvice clubs, community projects	, etc.)
Indicate your membership in honorary s	ocieties, other organizations and a	ny offices held.	

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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. APOLICATIONS WILL BE ACCEPTED VIA EMAIL AT thep:ilgrimfoundation@comcast.net.

STATEMENT OF APPLICANT I hereby affirm that all information sup	plied 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, chec	k 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 CONSIDER THE CRITERIA CONSIDERED BY THE SEL	ED AS CONFIDENTIAL BY THE PILGRIM FOUNDATION AND ITS SELECTION COMMITTEE. FINANCIAL AID WILL BE ONE OF ECTION COMMITTEE.
HAVE YOU INCLUDED:	
Completed application form (Application	on 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 of	r official college transcript
Letter of college acceptance	

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