



AIA Eastern Pennsylvania

2019 SCHOLARSHIP CRITERIA AND APPLICATION

APPLICANT

Name: _____
First Middle Last

Spouse (If Applicable): _____

Address: _____
Street City State Zip Code

Date of Birth: _____ Male Female Home Phone: _____

SSN: Not Required Work Phone: _____ Cell Phone: _____

County of Residence: _____ Email Address: _____

High School: _____ Graduation Date: _____

FAMILY INFORMATION: (Provide the following information where applicable)

*Name of father, stepfather or guardian: _____

Address: _____
Street City State Zip Code

Home Phone: _____ Work Phone: _____ Email : _____

*Name of mother, stepmother or guardian: _____

Address: _____
Street City State Zip Code

Home Phone: _____ Work Phone: _____ Email : _____

*Check if applicable: Father deceased Mother deceased Parents Divorced

Name of Applicant: _____

I hereby authorize the AIA Eastern Pennsylvania Scholarship selection committee permission to contact any of my teachers, supervisors, and professional and educational institutions that I have attended, applied to, have been accepted for admission or membership to for further information about my attendance, performance, financial circumstances and references. I acknowledge that all materials submitted in this application become the property of the AIA Eastern Pennsylvania Scholarship selection committee and will not be returned to sender. I further understand that the scholarship award shall apply to the upcoming academic year only, and that I may reapply for similar aid on an annual basis as needed without guarantee of future acceptance and/or award.

**Applicant's
Signature:**

Date:

Parent/Guardian Signature:

Date:
