

PIDB SCHOLARSHIP APPLICATION FORM

Please type or print your answers. If application is illegible, it will be returned to you.

1 Last Name: _____ First Name _____ MI _____

2 Mailing Address: _____

City: _____ State: _____ Zip _____

3 Telephone no. _____ Email Address: _____

Date of Birth: _____ Place of Birth: _____

4 Citizenship: _____

5 School you are attending: _____

Grade level for the semester in which you are applying for this scholarship:

6 () Junior () Senior () Graduate Student

7 Cumulative Grade Point Average (GPA) _____ (attach most recent transcript)

8 Major / Field of Study: _____

9 Expected Date of Graduation: _____

10 Total estimated financial aid and assistance per semester: \$ _____

11 Total estimated assistance per semester: \$ _____

Statement of Accuracy

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

I hereby understand that if chosen as a scholarship recipient, I must provide evidence of enrollment / registration at the post-secondary institution I will be attending before scholarship funds can be awarded.

Signature or Applicant: _____ **Date:** _____