



# Scholarship Fund Program

## Grant Application/Financial Assistance Questionnaire

### Applicant Information

Name: \_\_\_\_\_  
Last First Middle Initial

Permanent Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Day Time Phone: \_\_\_\_\_

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

Washington Financial Act. No.: \_\_\_\_\_

### Education Information

Name/Address of high school, college, university or other school you currently attend:

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

*(Note: If you are currently working full-time, indicate here.)*

Current Grade Point Average: \_\_\_\_\_ *(Please attach current transcripts.)*

Course of Study: \_\_\_\_\_

Year in School: \_\_\_\_\_

Name/Address of college, university or school which you will be attending:

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

*(Please include a copy of your college acceptance letter.)*

## Estimated Costs

Please list the estimated costs for the upcoming school year:

Tuition: \$ \_\_\_\_\_

Room/Board: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Please list all scholarships/grants/loans, etc. and provide a brief description:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Total estimated cost: \$ \_\_\_\_\_

Total scholarships/grants/  
loans, etc.: \$ \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_

## Parent/Legal Guardian Information

Occupation: Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_

Parent's current marital status: Single  Married  Separated  Divorced  Widowed

Total number of family members attending a post-secondary school at least 1/2 time during upcoming school year, including applicant: \_\_\_\_\_ Family Size: \_\_\_\_\_

Parent/Guardian total annual income (from FAFSA): \$ \_\_\_\_\_

## Certification and Signatures

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

Certification: All of the information on this form is true and complete to the best of my (our) knowledge. If asked by an authorized official of the Community Scholarship Foundation of Washington Financial Bank, I (we) agree to provide proof of the information that I (we) have given on this form. I (we) realize that if I (we) cannot provide proof to support the information on this application, I (we) may forfeit any opportunity for financial aid.

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## Community Service Verification Form

(Minimum of 100 hours of community service required.)

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Please list all community service activities in which you participated during the past 12 months. List each organization together with corresponding activities and hours. Have an authorized representative sign to approve the accuracy of information presented on behalf of the specific organization.

Organization Name	Activity	Time	Signature/Title of Authorized Representative

Please photocopy this form if you need additional space.

This form must be returned as part of the scholarship application to Washington Financial, 190 North Main Street, Washington, PA 15301.

