

# Department of Pennsylvania Scholarship Application

1. NAME \_\_\_\_\_  
Last
First
Middle

Date of Birth \_\_\_\_\_ Telephone # \_\_\_\_\_

Permanent Mailing Address

Name	Address	City	State	Zip Code

2. What PA College, University, or Technical School are you attending?

School	Address	City	State

3. What Major Course of Study?


4. High School or Scholastic Honors Achieved?

Awards	School

5. List any Community Activities in which you have or now participate.

Activity	Place

6. Have you previously received a MOPH Scholarship? If so, which and what amount?

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

7. Name and relationship of Purple Heart recipient from whom you derive eligibility.

Living or Deceased?

Name of Purple Heart Recipient	Relationship	MOPH Chapter Number	Membership #

8. List Jobs (including summer employment) you have held within the past three (3) years.

Employer	Dates of Employment	Hours worked per week

9. I certify that I am a second semester or second quarter or equivalent Trade School enrollee carrying twelve or more semester credit hours or eighteen credit hours at an accredited U.S. College, University or Trade School located within the Commonwealth of Pennsylvania. If I decide to terminate my educational program, it is my responsibility to return the scholarship money to the Department of Pennsylvania Military Order of the Purple Heart.

10. **Attach the following:**

1. College transcripts.
2. Proof of current school registration.
3. Copy of birth certificate.
4. Three letters of recommendation, other than relatives.
5. Submit your application by January to the Purple Heart Chapter from which the application was obtained.

Students Signature: \_\_\_\_\_ Date: \_\_\_\_\_.

**If applicant is under 18 years of age, parent or guardian must sign.**

Parent/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_.