



Pat Fessel Scholarship – Chapter AX

SCHOLARSHIP APPLICATION 2019-2020 ACADEMIC YEAR

NAME _____
(print legibly)

BIRTH DATE _____ (month, day, year) AGE _____

HOME ADDRESS _____
address, city, state, zip code)

PHONE NUMBER _____ EMAIL _____

U.S. CITIZEN: Yes___ No___ Baker County High School Graduate: Yes ___ No___

STATUS: Dependent Single Married Divorced Separated Widowed

AGES OF APPLICANT'S DEPENDENT CHILDREN: _____

PREVIOUS P.E.O. SCHOLARSHIPS: Yes No

IF YES, please indicate name, year and amount: _____

INSTITUTION YOU PLAN TO ATTEND

INSTITUTION NAME: _____ ACCREDITED: Yes ___ No ___

INSTITUTION BUSINESS OFFICE: _____
(address, city, state, zip code)

ACCEPTED: Yes ___ No___ ACADEMIC YEAR: FROM ___ / ___ / ___ TO ___ / ___ / ___

MAJOR: _____ ANTICIPATED DATE OF GRADUATION: _____

TRANSCRIPT CUMULATIVE GPA: _____ ACADEMIC STANDING AT START OF FALL 2019:

Freshman Sophomore Junior Senior Graduate Other (Explain) _____

CAREER PLANS: _____

EDUCATION HISTORY

HIGH SCHOOL _____ YEAR GRADUATED _____
COLLEGE _____ YEARS _____
COLLEGE _____ YEARS _____
INSTITUTIONS _____ YEARS _____

I confirm that the information in this application, Income and Expense Statement(s) and personal essay are accurate and true to the best of my knowledge.

If I receive a scholarship from Chapter AX P.E.O. Sisterhood: (1) I give P.E.O. Chapter AX permission to release my name, name of institution, year in institution, course of study, to the local newspaper. or (2) I do not wish to release any information about my scholarship (if so, please initial here _____).

SIGNATURE _____ **DATE** _____