

**Pennsylvania State Resource Family Association** (www.psrfa.org)  
**Scholarship Application**

Please check your status:

Foster Child \_\_\_\_\_ Adoptive Child \_\_\_\_\_ Kinship Child \_\_\_\_\_ Child Living with Guardian \_\_\_\_\_  
Biological Child of a Resource Parent who is a PSRFA member (2012 dues MUST be paid) \_\_\_\_\_

**Application must be postmarked by March 31<sup>st</sup>, 2013.** Please attach additional sheets as necessary. Return completed application to: PSRFA Scholarship Committee, PO Box 60216, Harrisburg, PA 17106-0216.

**The following application is submitted by:**

Name \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street City State ZIP

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Telephone Number \_\_\_\_\_ Resource Family Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**EDUCATION:** Current High School \_\_\_\_\_ Anticipated Year of Graduation \_\_\_\_\_

Name of School \_\_\_\_\_ Grades Attended \_\_\_\_\_ County \_\_\_\_\_ Phone Number \_\_\_\_\_

Any other High Schools attended:

Name of School \_\_\_\_\_ Grades Attended \_\_\_\_\_ County \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of School \_\_\_\_\_ Grades Attended \_\_\_\_\_ County \_\_\_\_\_ Phone Number \_\_\_\_\_

List school activities that you participated in: \_\_\_\_\_

List School Awards/Honors that you received: \_\_\_\_\_

**EMPLOYMENT:** (Please list any jobs you have had.)

1. \_\_\_\_\_  
Name of Employer Address Dates Employed

Job Duties (Please describe the major functions of your job.) \_\_\_\_\_

2. \_\_\_\_\_  
Name of Employer Address Dates Employed

Job Duties (Please describe the major functions of your job.) \_\_\_\_\_

**Have you been accepted to receive Post Secondary Education/Training? If yes, please identify the college/school you will be attending and attach a copy of your acceptance letter. If no, please provide a brief statement regarding your college/school application.**

College or school you plan to attend \_\_\_\_\_  
Name

\_\_\_\_\_  
Address City State ZIP

The degree or certificate you are seeking \_\_\_\_\_

**REFERENCES: Letters from at least 3 of the 5 references will be an important part of your application. It is your responsibility to attach reference letters from 3 of the 5 reference types listed below:**

**1. Caseworker** (From the county children and youth agency)

\_\_\_\_\_  
Name County Telephone Number

**2. School Teacher/Counselor**

\_\_\_\_\_  
Teacher's Name Name of School Telephone Number

**3. Resource Family**

\_\_\_\_\_  
Name Telephone Number

**4. Personal Reference** (Someone you have known for at least one year)

\_\_\_\_\_  
Name Relationship Telephone Number

**5. Employer**

\_\_\_\_\_  
Name Company Name Title Telephone Number

I, the applicant, acknowledge the following:

- All the information provided in this application and as attachments to this application is true and correct to the best of my ability;
- All application materials become the property of the PSRFA;
- I will provide confirmation to PSRFA of my acceptance at the school I will attend if I am selected to receive this scholarship;

I have included the following information with my complete application package: (Please check.)

- Statement explaining why I should be chosen to receive this scholarship, including the reasons why this educational/training opportunity is important to me;
- Official high school transcript;
- Letters of recommendation from three of the five references listed above;
- A letter of acceptance from the college I plan to attend if already accepted (may be submitted separately from the application package);
- If I am selected to receive a scholarship, I hereby authorize release of my name in any PSRFA publication or press release regarding the scholarship program. (Your decision will not affect your application.)

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Resource Parent Date