

PAPSS Scholarship Application

**Pennsylvania Association of Professional Soil Scientists
P.O. Box 61035 Harrisburg, PA 17106-1035
Scholarship Application**

Please print this application and mail to the Scholarship Committee at the address above.

1. Name: _____
Signature _____

2. Home Address: _____
Home phone: _____

3. Current Address: _____
Current phone: _____

4. Date of Birth: _____

5. Name of Parent or Guardian: _____

6. School at which scholarship funds will be applied if awarded:

7. Do you presently hold other scholarships? Yes____ No____
Source and amount of other scholarships: _____

8. On a blank page please write a one page typed letter stating your background, interest in soil science, objectives of your educational pursuits, career plans, financial needs, leadership positions, and why you believe you deserve this scholarship.

9. Names, addresses and phone numbers of three references, including most recent employer:

Reference Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Name of college advisor: _____

11. Grade level in school this year: _____

12. Major course of study:_____

13. List the courses completed or in process, which provide background in soil science and natural sciences or environmental science (attach a copy of latest college transcript or high school report if incoming freshman):

14. What percentage of funds for college this year will come from:

Parents_____ Student income:_____
Loans_____ Grants_____ Other_____

15. Parents occupation:_____

Number of parents dependants:_____

Number of dependants currently in college:_____

Are you a dependant?_____

16. List source and amount of income earned by student during past school year

<u>Source(s)</u>	<u>Amount</u>
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17. Comments to support any of the questions concerning financial status: