



Charities, Inc.



The Granny Fund

**Scholarship Application for 2024 - Fall Semester**

**Student Information**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

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

Email Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Please write below the name of the college/university where this check should be mailed exactly as it should be written on the envelope.**

Name of College/University \_\_\_\_\_

Address of College/University \_\_\_\_\_

(Is there a specific department, building or person?) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Current Cumulative GPA \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_

**High School Information**

High School Name \_\_\_\_\_

High School Address \_\_\_\_\_

Graduation Date \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

**Please list any other colleges or universities attended, starting most current first.**

Name of College / University \_\_\_\_\_

Location (State/City) \_\_\_\_\_

Year(s) Attended \_\_\_\_\_

**Have you ever worked at the racetrack? (circle one)    Yes    No**

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

**How many years have you received a scholarship from the PTHA?**

\_\_\_\_\_

**What is the total amount you have received over the course of those years?**

\_\_\_\_\_

**To the best of my knowledge, all information is current and correct. I understand lying, omitting, or misconstruing any information on this application can cause it to be rejected.**

**Signature** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Information**

**Parent/Guardian 1:**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

Email Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Length of time employed at Parx Racing racetrack \_\_\_\_\_

Occupation \_\_\_\_\_

Current Employer \_\_\_\_\_

List any other employers in the past 12 months:

Employer \_\_\_\_\_

Months Employed \_\_\_\_\_

Employer \_\_\_\_\_

Months Employed \_\_\_\_\_

**Parent/Guardian 2:**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

Email Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Length of time employed at Parx Racing racetrack \_\_\_\_\_

Occupation \_\_\_\_\_

Current Employer \_\_\_\_\_

List any other employers in the past 12 months:

Employer \_\_\_\_\_

Months Employed \_\_\_\_\_

Employer \_\_\_\_\_

Months Employed \_\_\_\_\_

If you are selected to receive a scholarship, please list the following information about your school and or university where the check is to be sent:

School / University Department Name \_\_\_\_\_

Attention To \_\_\_\_\_

School / University Address \_\_\_\_\_

Student ID # \_\_\_\_\_

### **Personal Statement**

Please tell us why you feel you deserve and /or need this scholarship (this may be as long or as short as you like)