



Scholarship Application for 2026

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 with the 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 that 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)