



Volkstadt Memorial Scholarship
For Service to the Titusville Region

United Way
of the Titusville Region

Name: _____ D.O.B. _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone Number: _____ Best time to call: _____

Email: _____

Career Goals: _____

Class Rank: _____ GPA: _____

Scholastic honors received in grades 9 – 12: _____

Extra-Curricular school activities in grades 9 – 12: _____

In what financial earning occupation have you been engaged: _____

Volunteer Community Service:

Agency or Organization 1: _____

Agency or Organization 2: _____

Agency or Organization 3: _____

College Information:

Educational Institution you plan to attend (Please provide a copy of your letter of acceptance)

Address: _____

City: _____ State: _____ Zip Code: _____

Branch: _____ Main Campus: _____ Dormitory: _____ Apartment: _____

Anticipated Start Date: _____

Cost: Tuition: \$ _____ Room & Board: \$ _____

Major/Minor (s) course of study: _____

List of other siblings, supported by your parent who are enrolled in higher education including name, school, and costs:

I hereby certify that this application for student aid has been made with my approval and that all the statements made herein to the best of my knowledge are correct.

Signature of Applicant

Date

Signature of Parent/Guardian

Date