

The Pabis Foundation



www.thepabisfoundation.org

1380 Soldiers Field Road • Boston, MA 02135-1023

SCHOLARSHIP APPLICATION FOR INDIVIDUALS

1. Name: _____ 2. Birth Date: _____

3. Address:

4. SSN: _____ 5. Email: _____

6. If the above address is not a residential group home, please state the name and location of the residential group home you attended and the dates you were living there:

7. Are you a United States citizen or legal resident? (check one) YES NO

8. Please provide the name and address of the accredited educational institution you are planning to attend:

Financial Need:

9. If you are under 18 years of age, please attach a copy of your parents' or legal guardian's most recent tax return, if available.

10. If you are over 18 years of age, please attach a copy of your most recent tax return.

Merit:

11. Please attach a copy of your school transcripts from the last three years.

12. Please attach three letters of recommendations from teachers and/or counselors.

13. Please attach a personal essay telling us about yourself and your plans for the future.

Signature of Applicant

Date

Print Name: _____