

PFHS Trojan Booster Club SCHOLARSHIP APPLICATION

Complete this application to be considered for scholarship.

Deadline: Return this form to the counseling office by April 10, 2025

General Information			
Student Name	W	eighted GPA	
Address		Phone	
City	State	Zip	
Planned College Major			
College you plan to attend			
STATEMENT OF PAST A	CTIVITIES, FINA GOALS	NCIAL NEED ANI	<u> D EDUCATION</u>
1. List any scholarship you h	nave received thus	far:	
2. List any clubs or sports yo	ou have been invol	ved with.	

3. List any community or church activities in which you have participated.

List awards or accomplishments earned while at PFHS	
B. Explain any circumstances you or your family are facing which would influyour family's ability to help you financially:	ience
Explain what your educational goals are and how a scholarship would	
nelp you attain your goals:	
f more space is needed please attach a document.	
certify that the information provided on this application is true and correct to the best of my knowledge	e.
Student Signature	