

United Way of the Titusville Region  
Volkstadt Memorial Scholarship  
For Service to the Titusville Region

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Best Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Email: \_\_\_\_\_

Career Goals: \_\_\_\_\_

Class Rank: \_\_\_\_\_ GPA: \_\_\_\_\_

Scholastic honors received in Grades 9-12: \_\_\_\_\_

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Extra-Curricular school activities in Grades 9-12: \_\_\_\_\_

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Student offices held in Grades 9-12: \_\_\_\_\_

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In what money earning occupation have you been engaged: \_\_\_\_\_

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Volunteer community service:

Agency or organization 1: \_\_\_\_\_

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Agency or organization 2: \_\_\_\_\_

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Agency or organization 3: \_\_\_\_\_

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College Information

Educational institution you plan to attend (Please provide a copy of your letter of acceptance) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Branch \_\_\_\_\_ Main Campus \_\_\_\_\_ Dormitory \_\_\_\_\_ Apartment \_\_\_\_\_

Anticipated Start Date \_\_\_\_\_

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

Major/Major (s) course of study: \_\_\_\_\_

\_\_\_\_\_

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

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\_\_\_\_\_

\_\_\_\_\_

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

