



Titusville Promise Scholarship Application Form

NEW APPLICATION

RENEWAL APPLICATION

DATE OF APPLICATION:

First Name: Last Name:

Address:

City/State: Zipcode:

Phone: Email:

With whom do you currently reside?
(Provide Name(s) & Relationship)

WORK INFORMATION:

Are you currently employed?

Yes

No

Full-Time

Part-Time

Employer:

Address:

City/State: Zipcode:

Work Phone:

Name of Supervisor:

Supervisor Email:

Supervisor Phone:

Briefly describe the duties/tasks that you perform:

EDUCATIONAL PROFILE:

HIGH SCHOOL EXPERIENCE:

Date graduated or anticipated to graduate from Titusville High School:

High School Program of Study:

High School GPA (if known):

List extracurricular activities: Include events, clubs, sports, music, etc. (years participated)

Describe your involvement in community activities while in high school or post high school. (Include volunteerism, service in your community, organizations to which you belonged.)

POST-SECONDARY EXPERIENCE: (IF APPLICABLE)

School(s) attended:

Date(s) attended:

Semesters Completed:

Program of Study:

Degree Earned: Date Earned:

Post-Secondary Cumulative GPA:

Briefly describe the your activities while attending a post-secondary education program: (Include any school related activities, work experience, community involvement, family commitments, etc.)

POST-SECONDARY PREPARATION:

Have you completed a Free Application for Federal Student Aid (FAFSA Form) which is a form completed by current and prospective college students in the United States to determine their eligibility for student financial aid? YES NO

Write an essay that explains why you are choosing to pursue a post-secondary education at the University of Pittsburgh. Focus on your preparedness for furthering your education, personal and professional goals, motivation, and timeline for achieving stated goals.

Have you applied to the University of Pittsburgh? YES NO

If yes, which campus?

Date applied:

Have you been accepted by the University of Pittsburgh? YES NO

Date accepted:

Personal/Professional References: (not a relative)

Name **Contact Information**

1.

2.

3.

Signature of Applicant:

Date:

OFFICE USE ONLY:

Date Received: Date Reviewed:

Application status: Accepted Denied

Amount of Award: FCC:

Authorized Signature:

Internal Notes: