

The Katz-Ward Family Scholarship Fund
DEADLINE EXTENDED TO JUNE 16, 2014

This space is used for the scholarship description which may include the reason why the scholarship was created, the history of an organization that may be named in the scholarship or the biography of the person the scholarship may be named for.

SELECTION CRITERIA

- Must be a single mother with at least one (1) dependent child living in their care.
- Must be self-supporting, have financial need and cannot be claimed as a dependent.
- Must have a documented work history.
- Must be enrolled as a sophomore pursuing a 4-year degree.
- Must have a minimum 1.67 GPA.
- Must be a resident of the state of Pennsylvania.

AWARD AMOUNT

- A \$1,000 one (1) year scholarship award. The scholarship award may be applied to tuition, books and fees.

APPLICATION SUBMISSION INSTRUCTIONS

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. Please answer all questions, attach requested documents and make sure the application is signed by applicant and/or parent/guardian. If a question does not apply to you, please mark “N/A”.

A Completed Application Includes: (Please check the boxes to indicate the attachments you have submitted. If an attachment is not applicable to you, please mark “N/A” next to the check box)

- Attachment “A”** Copy of your most recent college transcript.
- Attachment “B”** Copy of your final SAR or FAFSA Report returned from the U. S. Department of Education.
- Attachment “C”** Copy of your college/university’s estimated cost of attendance.
(This information can be obtained from the college’s financial aid office, college brochure, or college website).
- Attachment “D”** Essay
- Attachment “E”** Copy of your resume.
- Attachment “F”** Recommendation Form (provided with the application) must be completed and placed in a sealed envelope by the person who completed the form and submitted with this application.

Please mail your application and all required attachments in ONE envelope to:

The Philadelphia Foundation
Attention: The Katz-Ward Family Scholarship
1234 Market Street, Suite 1800
Philadelphia, PA 19107

THE KATZ WARD SCHOLARSHIP APPLICATION

APPLICANT INFORMATION *Please print or type*

Name _____
Last First Middle

Permanent Address _____

Street

City County State Zip

Telephone (____) _____ Email: _____
Please print clearly

Date of birth _____ Gender: _____

FAMILY INFORMATION

Marital Status: Single Divorced

Number of children financially dependent on applicant: _____

Ages of Dependents: _____

Annual Family Income: (Adjusted Gross Income)

- Under \$25,000 \$25,000 - \$35,000 \$35,000- \$45,000
 \$45,000 - \$55,000 \$55,000 - \$75,000 Over \$75,000

SCHOOL INFORMATION

Please attach: A copy of your post-high school transcript if applicable (Attachment "A")

Institution for which aid is requested _____

Street

City County State Zip

Intended field of study: _____ Degree Sought _____

GPA: _____ Expected Graduation Date: _____

FINANCIAL AID INFORMATION

Please attach: Copy of your final SAR or FAFSA Report returned from the U. S. Department of Education (Attachment "B")

Cost of Education per year:

Please attach: Copy of your college/university's estimated cost of attendance (Attachment "C")

Please circle YES or NO:

2013 2014

Did or will your parents/guardian claim you as an income tax exemption? Yes/No Yes/No

Did you live with your parents/guardian for more than six weeks in either year? Yes/No Yes/No

SCHOOL EXPENSES

Tuition and Fees	\$ _____
Room and Board	\$ _____
Books and Supplies	\$ _____
Transportation	\$ _____

HOME EXPENSES

Rent/Mortgage	\$ _____
Utilities	\$ _____
Child Care	\$ _____
Food	\$ _____
Other Household Expenses	\$ _____

TOTAL EXPENSES \$ _____ (A)

INCOME

Employment	_____	\$ _____
Other	_____	\$ _____

TOTAL INCOME \$ _____ (B)

NAME OF GRANT OR SCHOLARSHIP

Federal, State & Other Awards	_____	\$ _____
(List loans and work study in		
Loan section below)	_____	\$ _____
	_____	\$ _____

College Grants & Scholarships	_____	\$ _____	<input type="checkbox"/> applied	<input type="checkbox"/> received
(List loans and work study in				
(Loan section below)	_____	\$ _____	<input type="checkbox"/> applied	<input type="checkbox"/> received
	_____	\$ _____	<input type="checkbox"/> applied	<input type="checkbox"/> received
	_____	\$ _____	<input type="checkbox"/> applied	<input type="checkbox"/> received
	_____	\$ _____	<input type="checkbox"/> applied	<input type="checkbox"/> received

TOTAL GRANTS & SCHOLARSHIPS \$ _____ (C)

Estimated Family Contribution from Student Air Report (SAR) \$ _____ (D)

TOTAL INCOME (Item B plus Item C) \$ _____ (E)

FINANCIAL NEED (Item A minus Item E) \$ _____ (F)

LOANS

NAME OF SOURCE

_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL LOANS & EMPLOYMENT \$ _____

Financial information is confidential for review only by the members of the Advisory Committee and The Philadelphia Foundation.

Essay options (Attachment “D”)

The essay should be no longer than 2 typewritten double-spaced pages and must include information that will answer each of the following questions:

1. What are your career goals after college?
2. What did you learn about yourself in your 1st year of college?
3. How do you plan to meet any unmet expenses (scholarships, loans, grants, employment, family, etc.)? Submit your answer on an additional sheet of people.

CERTIFICATION AND SIGNATURES

I, (we) certify that the information on this form is true and complete to the best of my (our) knowledge. If asked by any authorized official of The Philadelphia Foundation, I (we) agree to give the documentation for information given on this form. I (we) realize that failure to comply with a request for additional information may prevent the applicant from receiving any aid. I also grant The Philadelphia Foundation permission to use my photograph and/or selected quotes on their website and in future publications.

Applicant signature

Date

Parent signature

Date

Send completed application and all required attachments together in **ONE** envelope to:

**The Philadelphia Foundation
The Katz-Ward Family Scholarship
1234 Market Street, Suite 1800
Philadelphia, PA 19107**

Please E-mail any questions to scholarships@philafound.org

APPLICATIONS MUST BE RECEIVED BY THE FOUNDATION BY **JUNE 16, 2014.**

LATE APPLICATIONS WILL NOT BE CONSIDERED.

The Katz-Ward Family Scholarship
Scholarship Recommendation Form

Recommendation form must be completed and placed in a sealed envelope by the person who completed the form. Please answer all of the questions listed on form. The sealed envelope should be submitted along with the application.

Recommendations must come from a college professor.

Please contact Sylvia Spivey at (215) 863-8121 if you have any questions.

Completed applications are due by to The Philadelphia Foundation by **June 16, 2014.**

Applicant's Name: _____ **Date:** _____
Print

Applicant's Signature: _____
Note: Signature grants permission to send information

Academic Evaluation *Check in the appropriate column your estimate of each trait listed.*

	Outstanding	Good	Average	Below Average	No Basis for Judgment
Academic Ability					
Academic Performance					
Academic Motivation					
Academic Growth Potential					

Personal Evaluation *Check in the appropriate column your estimate of each trait listed.*

	Outstanding	Good	Average	Below Average	No Basis For Judgment
Originality					
Energy					
Independence					
Leadership					
Maturity					
Initiative					
Reaction to set-backs					
Trustworthy					
Sensitivity to others					

1. How would you describe the applicant's progress in your class?

2. How do you think this applicant will perform in college?

Name: _____ Title: _____

Signature: _____ Date: _____

Telephone: _____

May we contact you if we have any further questions? Yes_____ No_____

Recommendations must be postmarked by **JUNE 16, 2014**. Please mail to:

**The Philadelphia Foundation
The Katz-Ward Family Scholarship
Attn: Sylvia T. Spivey
1234 Market Street, Suite 1800
Philadelphia, PA 19107**

Contact: Sylvia T. Spivey, Development and Scholarship Manager
sspivey@philafound.org (215) 863-8121