



**Fairfield SEPTA Scholarship Fund  
Grant Application  
2019-2020**

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email Address where you or someone else can be reached: \_\_\_\_\_

\_\_\_\_\_

Current School: \_\_\_\_\_

School Activities, Athletics, Clubs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

After School and Weekend Activities, Jobs, Volunteering: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Awards, Achievements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Academic Performance, GPA: \_\_\_\_\_

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## **ESSAY**

Please type and attach your Essay to your application

The Review Committee would like you to reflect and describe for us the following 5 areas:

1. How has your disability affected your high school experience?
2. What actions have you taken to overcome its impacts?
3. Describe your plans for this Scholarship.
4. How will this money help with your future education?
5. Why do you believe the committee should award you this scholarship?

## **Completed Application Deadline**

**May 8, 2020**

***There will be no exceptions, on the closing date***

***Completed Application can be turned into your Learning Center Case Manager or your School Counselor at any time prior to the deadline – There will be a an interview with the Selection Committee in late May/early June to review your application and to give the committee a chance to meet you and for you to present any further information. Failure to keep your appointment with the review committee is an automatic disqualification.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date