

SCHOLARSHIP



Application 2025

STUDENT

Applied for a college, university or trade school. Please complete the application form and mail your application and attachments to Michael Johnson c/o Feasterville Business Association at 19 Hillcroft Road, Feasterville, PA 19053.

Completed application must be returned by April 14, 2025. Funds will be presented at the Buck Hotel on May 7th and attendance is mandatory.

PERSONAL INFORMATION

Full Name: _____

Address (must verify residency in zip code 19053): _____

Phone Number: _____

Student Email Address: _____

Father's Name: _____ Father's Phone: _____

Father's Email: _____

Mother's Name: _____ Mother's Phone: _____

Mother's Email: _____

How did you learn about the scholarship? _____

To what colleges have you applied? _____

EDUCATION INFORMATION

Current School Name (Higher Ed, Tech Ed, or High School): _____

Grade Level (or year in higher/technical education): _____

Expected Graduation Date: _____

Guidance Counselor: _____

EXTRACURRICULAR ACTIVITIES

List and define any extracurricular activities, leadership roles, community service involvement.

RECOMMENDATION

- Attach two letters of recommendation (one from school).
- Attach your final report card from 11th grade and first quarter 12th grade or transcript (required).

ESSAY QUESTION

Response to the essay question (see next section).

DECLARATION AND SIGNATURE

I certify that the information contained herein is true and correct to the best of my knowledge.

Student Signature Date

Father's Signature Date

Mother's Signature Date

ESSAY QUESTION:

“Prepare, and be prepared to deliver, a 2 minute “elevator speech” include what you are planning to study and why.

Mail your application and attachments to:

Michaele Johnson
19 Hillcroft Road
Feasterville, PA 19053