



**PORTUGUESE FRATERNAL SOCIETY OF AMERICA  
SCHOLARSHIP FOUNDATION**

1120 East 14th Street, San Leandro, CA 94577  
(510) 483-7676 | (866) 687-7372 | [www.mypfsa.org](http://www.mypfsa.org)  
Non Profit Tax ID # 27-1442424

## Education Grant Application

*For applicants entering an accredited University, Junior College or Vocational/Trade School*

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Year of Application \_\_\_\_\_

Please state your membership affiliation in PFSA

Council No. \_\_\_\_\_ Policy Number \_\_\_\_\_

First Time Applicant  Yes  No. Please state year of last application \_\_\_\_\_

Are you currently receiving a PFSA Scholarship Application  No  Yes. Year awarded \_\_\_\_\_

Please indicate category of grant applying for:  University  Junior College  Vocational/Trade School

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail \_\_\_\_\_ Social Security No. XXX - XX - \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

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School you are planning to attend: \_\_\_\_\_ Date of entrance \_\_\_\_/\_\_\_\_/\_\_\_\_

Educational Goal: \_\_\_\_\_

For what business or profession are you preparing? \_\_\_\_\_

**REQUIREMENTS** Please make sure all these requirements are addressed by checking the boxes below:

- Applicant must be a PFSA benefit member in good standing (dues current) for two years prior to application date.
- Grant payment will be made as long as the applicant's policy is kept current.
- Provide a typewritten ESSAY no more than TWO sheets 8 ½ x 11(font size 10 or 12), discussing your academic interest why you chose it, your educational and career objectives.
- Submit a **3.5 x 5 recent photograph** with your application.
- I hereby authorize the PFSA Scholarship Foundation to publish the submitted photo, name and council of the recipient and selected quotes of submitted documents in all PFSA publications and website for the purpose of promoting the grant program.

Please read and check all of the above boxes as your check-off list before submitting your application and requested documents. **Missing and/or incorrect information will disqualify your application. NO EXCEPTIONS.**

**CERTIFICATION AND SIGNATURE:** I hereby certify that the information contained in this application and any attachments made as part of this application are true and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*There is no greater gift we can give than the gift of education*

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Mail Application (Pages 1 thru 2) and all pertinent information to:

**PFSA Scholarship Foundation- Education Grant Program**

**1120 East 14<sup>th</sup> Street, San Leandro, CA 94577**