



## **PORTUGUESE FRATERNAL SOCIETY OF AMERICA SCHOLARSHIP FOUNDATION**

### **SCHOLARSHIP APPLICATION - 2019**

#### *Scholarship Application Deadline*

*Applications and all supporting documents*

***MUST BE RECEIVED in the PFSA Home Office NO LATER  
than 5:00 PM of March 1, 2019. No Exceptions***

*Faxed or E-mailed documents will not be accepted*

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#### **FOR HIGH SCHOOL APPLICANTS ENTERING AN ACCREDITED VOCATIONAL SCHOOL, JUNIOR COLLEGE OR UNIVERSITY AS A FULL TIME STUDENT FOR THE FIRST TIME.**

This application is for applicants entering a Vocational School, Junior College or University for the first time as a time student and applying within their high school graduation year. Please indicate category of scholarship applying for:

[Ernie Mendes Scholarship may be combined with the Two Year College or Four Year College.](#)

- Scholarship (*Applying to a Four Year School ONLY*) Minimum Required of 3.0 G.P.A.
- Scholarship (*Applying to a TWO YEAR SCHOOL or VOCATIONAL SCHOOL ONLY*)  
Minimum Required of 2.5 G.P.A.
- Ernie Mendes Scholarship (AG/SCI ONLY)

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Mail Application ([\*\*Pages 1 thru 4\*\*](#)) and all pertinent information to:

**PFSA Scholarship Foundation**

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

# REQUIREMENTS

All applications must be received at the Home Office of PFSA, 1120 East 14th Street, San Leandro, CA 94577, **NO LATER THAN 5:00 PM of March 1, 2019**. No application will be accepted after the final date, nor will it be considered if the required supporting documents **OUTLINED BELOW ARE NOT SUBMITTED**. Please make sure all these requirements are addressed by checking the boxes below:

- Applicant must be a benefit member of the PFSA for the past two years prior to Application deadline.
- Premiums and membership dues must be up to date as of March 1, 2019.
- Scholarship payments will be made as long as the applicant policy is kept current.**
- Maintained required minimum GPA (four year school is 3.0 G.P.A. and two year school or vocational school is 2.5 G.P.A.) in the Sophomore, Junior and First Semester of Senior year's and met all requirements set down by an accredited University or College of student's choice. **Official and sealed transcript of grade records must accompany application**. If Transcript is sent separately **it is the Applicants responsibility** that it is received in the Home Office **no later than 5:00 PM of March 1, 2019**.
- Provide proof if you have received credit from a college or university.
- Provide in resume form a list of all extra-curricular activities in which you have participated while in High School (*i.e., church, athletics, student body*). Please list the number of hours and years in which you participated in each activity. Participation in PFSA will be given extra consideration.
- Provide in resume form a list of employment during High School years and total number of hours per week dedicated to each activity. Do not include summer employment.
- Provide a typewritten ESSAY no more than **ONE** sheet 8 ½ x 11(font size 10 or 12), discussing your main academic interest and why you chose it, your educational and career objectives. Please tell how your life experiences have influenced your intellect and personal growth rather than providing a chronology.
- Provide one letter of recommendation. The letter must be from the **High School Principal, Dean, Teacher or Counselor** who will verify participation in the extra-curricular activities. **Letters from other people will not be accepted and they will disqualify the Scholarship application. Letters must be on School Letterhead and signed (no copies will be accepted).**
- If applicant is homeschooled, he/she must provide one letter of recommendation from their assigned educational specialist on school letterhead.
- Attach a **3.5 x 5 recent photograph**. We hereby authorize the PFSA Scholarship Foundation to publish the submitted photo as well as the name and council of the recipient in all PFSA publications, social media and website for the purpose of promoting the scholarship program

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

We, the undersigned read and understand all the above-mentioned requirements.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

For additional information, please call the Scholarship Foundation at (866) 687-7372, E-mail [mypfsa@mypfsa.org](mailto:mypfsa@mypfsa.org) or go to [www.mypfsa.org](http://www.mypfsa.org)

**STUDENT APPLICANT'S INFORMATION** (Please type or print clearly)

*Please state your membership affiliation in PFSA:*

**Council No.:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

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Name \_\_\_\_\_

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

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

E-Mail \_\_\_\_\_

Telephone: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

Name of High School \_\_\_\_\_

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Are you graduating this year? \_\_\_\_\_ Date of High School graduation \_\_\_\_\_

College planning to attend full-time: \_\_\_\_\_ Date of entrance \_\_\_\_\_

Major Subject: \_\_\_\_\_

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

State your grade point average for the last 3 years (*Sophomore, Junior and Senior*) \_\_\_\_\_

Are you a member of any Scholarship Federations or Scholastic Achievement Clubs? \_\_\_\_\_

If so, please state them and the number of semesters achieved: \_\_\_\_\_

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**By signing this application, I acknowledge that I have applied for a PFSA Scholarship and solemnly affirm the correctness of the statements contained herein? If so, please sign below.**

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

\_\_\_\_\_  
Date

**INFORMATION TO BE COMPLETED BY PRINCIPAL OR DEAN**

According to our records, this applicant has maintained an overall GPA grade point average of \_\_\_\_\_

Please print your name and position \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

(Principal / Dean or Counselor)

**TO BE FILLED OUT BY PARENT OR GUARDIAN IF APPLICANT IS UNDER 21**

The following information, together with the statements made by the Applicant, is for the PFSA Scholarship Foundation only and will be considered as strictly confidential. (To be filled out by parent or guardian, if applicant is under 21, or a dependent.) Please provide information for either parents or guardians.

	Parent or Guardian	Parent or Guardian
Name	_____	_____
Address	_____	_____
City, State, Zip	_____	_____
Phone No.	_____	_____
Relationship to applicant		

**We (I) hereby declare that have read all the statements on this application regarding the information of the applicant, that, to the best of our (my) knowledge and belief, solemnly affirm the correctness of the statements contained herein.**

Signed \_\_\_\_\_  
Parent or Guardian

Signed \_\_\_\_\_  
Parent or Guardian

Date: \_\_\_\_\_

Date: \_\_\_\_\_