

PHMA Scholarship Application

Please see ALL requirements at phma.com/about/scholarships.html.

Mail completed form to: PHMA Scholarships, 154 Fort Evans Road NE, Leesburg, VA 20176

If you have questions, call: 703-771-1888 x21. **Please type or print clearly!**

Applicant Information

Full Name of Applicant: _____

Social Security Number: _____ Birth Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Phone: _____ Parent/Guardian: _____

Academic Advisor

Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Education Information

If high school student:

Name of High School: _____

Address of High School: _____

Date of Graduation: _____ Rank in Class: _____ of _____

SAT/ACT: _____ GPA: _____

Name and Address of College of Acceptance: _____

If college student:

Name of College: _____

Address of College: _____

Entrance Year: _____ GPA: _____

PHMA Information

Name of PHMA Member: _____

PHMA Member Number: _____

I hereby acknowledge that the information submitted is accurate and complete to the best of my knowledge and that any misrepresentation of information will result in repayment of the total scholarship.

I understand that submitting this application does not guarantee I will receive a scholarship.

If selected as a scholarship recipient, I grant permission for my name, information, image or likeness to be used in press releases, Web sites, publications or other media outlets identifying me as a recipient of the PHMA Scholarship Program.

I certify that all submissions contain my original work.

X Applicant's Signature: _____ Date: _____