

Questions: Contact Peter Salemno
141pete@gmail.com



Application Deadline: March 28, 2025

Personal Information: (PLEASE PRINT OR TYPE)

2025 ACF Philadelphia Scholarship Application

Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

E-mail address: _____

Educational Institution Information:

Name Educational Institution attending in
Fall of 2025 _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

Fax: () _____

Are you a full-time or part-time student? _____

How many credit hours have you completed? _____

How many credit hours do you have remaining? _____

What is your cumulative grade point average (GPA)? _____

What is your anticipated date of graduation? ____/____/____

Applicant's Statement of Verification:

I, the undersigned applicant, pledge that the information submitted in this application is true and correct. I understand that any willfully false statement, attachment or documentation will prompt permanent barring from receiving an ACF Philadelphia Chapter Scholarship.

Signature of Applicant: _____ Date: _____