

Questions: Contact Peter Salemno  
141pete@gmail.com



**Application Deadline: March 28, 2026**

**Personal Information: (PLEASE PRINT OR TYPE)**

## 2026 ACF Philadelphia Scholarship Application

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Educational Institution Currently enrolled in (at time of application)**

\_\_\_\_\_

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? \_\_\_\_/\_\_\_\_/\_\_\_\_

A High School student, are you currently working in industry? \_\_\_\_\_

**Educational Institution (where will you be attending in Fall of 2026)**

\_\_\_\_\_

Mailing address: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

Will you be a full-time or part-time student? \_\_\_\_\_

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: \_\_\_\_\_