SCHOLARSHIP APPLICATION FORM

Connecting Bahamians, Preserving Culture, Building Community

Organization Name: Bahamas Philadelphia Foundation, Inc.

Scholarship Name (Select One):

- ☐ 1. La Gloria Darville Memorial Scholarship
- ☐ 2. Deacon Patrick Darville Memorial Scholarship
- ☐ 3. Ullin and Carmen Ritchie Memorial Scholarship

Application Deadline: August 15th, 2026

Scholarship Amount: $1,000.00

APPLICANT INFORMATION

Full Name: _____ Date of Birth: _____ Phone: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

EDUCATION INFORMATION

Current School/College: _____

School Address: _____

Current Grade Level/Year: _____ Expected Graduation Date: _____

Current GPA: _____

College/University You Plan to Attend: _____

Intended Major/Field of Study: _____

ACTIVITIES & COMMUNITY INVOLVEMENT

Extracurricular Activities: _____

Community Service/Volunteer Experience: _____

Awards, Honors or Achievements: _____

SCHOLARSHIP QUESTIONS

Why are you applying for this scholarship? _____

Describe your educational and career goals: _____

How would receiving this scholarship help you achieve your goals? _____

REFERENCES

Reference Name: _____

Relationship to Applicant: _____

Phone/Email: _____

APPLICANT CERTIFICATION

I certify that the information provided in this application is true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature (*if required*): _____ Date: _____