



PORTUGUESE FRATERNAL SOCIETY OF AMERICA SCHOLARSHIP FOUNDATION

SCHOLARSHIP APPLICATION - 2024

[Scholarship Application Deadline](#)

Applications and all supporting documents

***MUST BE RECEIVED via email or mail with all supporting documentation NO LATER
Than 5:00 PM on Friday, MARCH 1, 2024. No Exceptions***

Faxed documents will not be accepted

*We will accept official transcripts from the schools email only and provided they are stamped
with the schools seal*

**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](#)

[and is for a student whose major is in the Agricultural Field.](#)

- ☐ Scholarship (*Applying to a FOUR YEAR ACCREDITED COLLEGE OR UNIVERSITY ONLY*)
Minimum Required of 3.0 GPA (Grade Point Average)
- ☐ Scholarship (*Applying to a TWO YEAR JUNIOR COLLEGE or VOCATIONAL SCHOOL ONLY*)
Minimum Required of 2.5 GPA (Grade Point Average)
- ☐ Ernie Mendes Scholarship (*AGRICULTURAL FIELD ONLY*)
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Mail Application ([Pages 1 thru 4](#)) and all pertinent information to:

PFSA Scholarship Foundation

C/O 10907 Fulkerth Rd, Ceres, CA 95307 or email: pfsa.scholarships@gmail.com

REQUIREMENTS

All applications must be received at the Foundations Office C/O 10907 Fulkerth Rd, Ceres, CA 95307, **NO LATER THAN 5:00 PM on FRIDAY, March 1, 2024**. 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, 2024.
- ☐ **Scholarship payments will be made as long as the applicant's policy Premiums and membership dues are current.**
- ☐ Maintained required minimum GPA (four year school is 3.0 GPA and two year school or vocational school is 2.5 GPA) in the Sophomore, Junior and First Semester of Senior year and meet all

Requirements set down by an accredited University or College of student's choice.

Official transcript of grade records must accompany application. If Transcript is sent separately **it is the Applicants responsibility** that it is received in the Foundation's Office **no later than 5:00 PM Friday on March 1, 2024.**

***** If you received credit from a College or University, Please provide the proof with your application.**

- ☐ Provide in resume form a list of all extra-curricular activities in which you have participated while in High School (ie. church, athletics, student body). Please list the number of hours and years in which you participated in each activity.
- ☐ 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 Individual's will not be accepted and they will be disqualified. Letters must be on School Letterhead and signed By your High School Principal, Dean, Teacher or Counselor (no copies will be accepted).**
- ☐ If applicant is home schooled, 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, including the applicant and the Parent's signature in all required places 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 (916) 825-6650 or (209) 765-7355,

E-mail pfsa.scholarships@gmail.com or go to www.mypfsa.org (Scholarships)

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

Please state your membership affiliation in PFSA:

Council No.: _____

Policy Number: _____

Name _____

Home Address _____

City _____ State _____ Zip _____

E-Mail _____

Telephone: _____ Social Security No. _____

Date of Birth _____ Birthplace _____

Name of High School _____

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: _____

By signing this application, I acknowledge that I have applied for a PFSA Scholarship and solemnly affirm that the statements contained herein are correct. 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. **(ONLY 1 PARENT IS REQUIRED TO SIGN BELOW)**

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

I hereby declare that have read all the statements on this application regarding the information of the applicant, to the best of my knowledge and belief, solemnly affirm that the statements are correct.

Signed _____
Parent or Guardian

Signed _____
Parent or Guardian

Date: _____

Date: _____