PORTUGUESE FRATERNAL SOCIETY OF AMERICA
SCHOLARSHIP FOUNDATION

Joseph and Mary Fagundes 2023 Scholarship
Humboldt County Residents Only

$500.00

Scholarship Application Deadline
Applications and all supporting documents
MUST BE RECEIVED via mail or email at the Foundation’s office
No LATER than 5 PM on Wednesday March 1, 2023. No Exceptions
Faxed documents will not be accepted

FOR HIGH SCHOOL APPLICANTS ENTERING AN ACCREDITED VOCATIONAL
SCHOOL, UNIVERSITY, JUNIOR COLLEGE OR TRADE SCHOOL
AS A FULL TIME STUDENT FOR THE FIRST TIME.

This application is for applicants entering a University, Junior College or Trade/Vocational School for the first time as a full-time student and applying within their high school graduation year.

Mail Application (Pages 1 thru 4) and all pertinent information to:
PFSA Scholarship Foundation
10907 Fulkerth Rd
Ceres, CA 95307
REQUIREMENTS

All applications must be received at the Foundation’s Office, 10907 Fulketh Rd. Ceres, CA 95307. NO LATER THAN 5:00 PM on Wednesday March 1, 2023. 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 resident of Humboldt County.
☐ Applicant does not have to be a member of PFSA but extra credit will be given if he/she is a member of PFSA.
☐ Maintained required minimum GPA of 2.5 in the Sophomore, Junior and First Semester of Senior year and met all requirements set down by an accredited University or College of student's choice. Official and sealed 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 by no Later than 5:00 PM on Wednesday, March 1, 2023.
☐ Provide proof if you have received credit from a college or university.
☐ Provide in resume form a list of all extra-curricular activities in which you have participated while in High School (i.e., 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 Individuals will not be accepted and they will disqualify the Scholarship application. 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 homeschooled, 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: pfsascholarships@mypfsa.org or pfsa.scholarships@gmail.com or go to www.mypfsa.org

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

Please state your membership affiliation in PFSA if applicable:

Council No.: ___________________________ Policy Number: __________

Name ______________________________________________________________

Home Address ______________________________________________________

City ___________________________________ State ___________ Zip _________

E-Mail Address ______________________________________________________

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)

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I hereby declare that I 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 correctness of the statements is correct.

Signed_________________________________________ Signed_________________________________________

Parent or Guardian Parent or Guardian

Date: ___________________________ Date: ___________________________