



## FITZ DIXON MEMORIAL SCHOLARSHIP APPLICATION

Fall 2017 Semester Scholarship  
Application Deadline: May 19, 2017

Student Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Student ID Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

State System University Attending: \_\_\_\_\_

Number of Credits Completed: \_\_\_\_\_

Current State System University Grade Point Average: \_\_\_\_\_  
(Include Official Academic Transcript)

If Applicable, Other Degrees Earned and University: \_\_\_\_\_

Grade Point Average (Other Degrees/University): \_\_\_\_\_

I declare that the information provided herein is true and correct to the best of my knowledge. I also give permission to release my name, contact information and photograph to the Scholarship Committee, the State System Foundation for promotional purposes, and the named scholarship award sponsor for purposes related to donor stewardship. I also agree to make every effort to attend the State System Foundation's Scholarship Donor Appreciation Luncheon.

\_\_\_\_\_  
Signature of Scholarship Applicant

\_\_\_\_\_  
Date

**Please include the following with your completed application:**

- 1. Two letters of reference.**
- 2. Your 500-800 word essay on *Volunteerism: The Cornerstone of Civic Responsibility*.**
- 3. The completed Volunteer Services Verification Form.**
- 4. Your official academic transcript.**

**The complete application package should be postmarked by May 19, 2017 and mailed to:**

**PA State System Foundation  
Attn: Eileen Showers  
2986 North 2<sup>nd</sup> Street  
Harrisburg, PA 17110**