**SERGEANT PHILIP GERMAN MEMORIAL SCHOLARSHIP AWARD**

**APPLICATION SUPPLEMENT**

The purpose of this Application Supplement is to acquire information regarding further qualifications to receive a grant from the Sergeant Philip German Memorial Scholarship Foundation. Your answers to the following questions will be reviewed by the Board of Advisors of the Foundation. The information you submit will be used for this purpose only and will remain confidential. **Please note only children of U. S. Armed Forces Veterans are eligible for these grants.**

Please type or print your answers clearly. If additional space is needed to answer any question, please attach an additional sheet which refers to the specific question number and which continues your answer. Any additional sheets may contain more than one answer.

**APPLICANT:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name Middle Initial

**QUALIFICATION INFORMATION:**

1. Are you the dependent son or daughter of a person who is now a legal resident of the Commonwealth of Pennsylvania? Yes \_\_\_\_\_ No\_\_\_\_\_

2. During what period of time did your parent serve as a member of the United States Military?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What branch of the military did your parent serve in?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Did your parent receive an honorary discharge from the armed forces?

Yes\_\_\_\_ No\_\_\_\_. **(Please attach photocopy of discharge papers.)**

**FINANCIAL AID INFORMATION:**

A. Status:

1. Would you live with your parents for more than six weeks during the upcoming school term for which you were accepted? Yes \_\_\_\_ No \_\_\_\_.
2. Would your parents claim you as a U.S. income tax exemption during such school year? Yes \_\_\_\_ No\_\_\_\_\_.
3. Parents' Information:
4. Total size of parents' household, including all children and parents during the school year.\_\_\_\_\_\_\_\_\_
5. Of those persons considered in your answer to Question 3 above, how many will be enrolled students at a post-secondary institution during the school year? \_\_\_\_\_\_\_
6. Please provide information regarding your parents' income and assets. **Please forward a copy of your parents’ most recent tax return, as well as any applications for financial aid completed.**

C. Student's Information: (Complete only if you have answered "No" in all of Section A above.)

1. What is the total size of your household during the current school year, including you, your spouse, and dependent children?\_\_\_\_\_\_\_\_\_
2. Of those persons considered in your answer to Question 1 above, how many will be enrolled students at a post-secondary institution during the school year? \_\_\_\_\_\_\_\_
3. Please provide information regarding your income and assets. Please forward a copy of your previous years’ tax return, as well as any applications for financial aid completed. **Please forward a copy of your most recent tax return, as well as any applications for financial aid completed.**
4. Other Aid:
5. Projected Cost of Attending this Institution:
6. Other sources of financial aid? Amount of each source?

**Please return completed Application and any supporting documents to:**

Wilmington Trust Wealth Advisory Services

Sgt. Philip German Memorial Scholarship Foundation

ATTN: Karen Cummins

P. O. Box 1377

Buffalo, NY 14240-9828

(800) 278-5141