**PENNSYLVANIA ASSOCIATION OF PROBATION, PAROLE AND CORRECTIONS**

**THE ROBERT E. KELSEY ANNUAL SCHOLARSHIP - APPLICATION**

**ELIGIBILITY:**

* Applicant must be a current PAPPC member or immediate family member of a current PAPPC member (i.e. spouse, child, step-child, adopted child, or self).
* Applicant must be currently enrolled or accepted into a two (2) year or four (4) year accredited program of higher education with a concentration of studies in the Humanities and Social Sciences. The maximum scholarship amount is $1500 annually with a maximum of two scholarships per year being given by PAPPC.
* Applicant must be in good academic standing. Incoming freshman must demonstrate academic success by holding at least a 2.75 GPA or equivalent at the time of application. Students presently enrolled in a college or university must demonstrate academic success by holding a current overall college GPA of 2.75 or better at the time of application**.**

**APPLICATION PROCEDURE/APPLICATION CHECKLIST:**

* Applicant must submit three letters of recommendation at the time of application.
* Applicant must submit a personal statement explaining why they chose their field of study and how that field applies to their future aspirations. Statements are not to exceed 500 words and must be typed.
* Applicants must submit a copy of their most current transcripts.
* Application period January 1 through March 31.
* **Completed Scholarship Applications with supporting documents must be postmarked no later than March 31st.**  Selections will be made at the PAPPC Executive Board meeting. All applicants will be notified at that time, in writing, via a letter from PAPPC. The Scholarship Award announcement will be made at the Annual Training/Conference Institute.
* **Mail to P.O. Box 5553 Harrisburg, Pa 17110**

**The following information must be completed in its entirety. Incomplete applications will not be considered.**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HIGH SCHOOL OR COLLEGE GRADE POINT AVERAGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF COLLEGE/UNIVERSITY YOU PLAN TO ATTEND OR ARE CURRENTLY ATTENDING AND MAJOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAPPC MEMBER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**One scholarship per PAPPC MEMBER or PAPPC FAMILY MEMBER every two (2) years. Award winners are not permitted to reapply consecutively. Should an Executive Board Member or family member apply for the scholarship, the Executive Board Member will be excluded from the voting process for selection.**

By signing below, I understand and agree to abide by the terms of the PAPPC Annual Scholarship Program and verify all information that I have provided is accurate.

APPLICANT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_