

**PENNSYLVANIA ASSOCIATION OF PROBATION, PAROLE AND CORRECTIONS  
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, four (4) year or graduate level 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 a 2.75 GPA or better at the time of application. Enrolled students must demonstrate academic success by holding an 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 and double-spaced.**
- Incoming freshman or newly accepted graduate students must submit a copy of their high school or college transcripts and a copy of their college acceptance letter. Enrolled students must submit a copy of their most current college transcripts.
- **Complete Scholarship Application will be accepted on a rolling basis for the current year.** Selections will be made prior to the PAPPC Annual Training Conference. All applicants will be notified at the time of selection, in writing, via a letter from PAPPC.
- **Recipients will be honored at the Annual PAPPC Training Institute to be held the following May of each year.**

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

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

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

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

TELEPHONE #: \_\_\_\_\_ CELLULAR #: \_\_\_\_\_

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

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

NAME OF COLLEGE/UNIVERSITY YOU PLAN TO ATTEND OR ARE CURRENTLY ATTENDING, MAJOR and FINANCIAL AID CONTACT for said school:  
\_\_\_\_\_

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

**PAPPC MEMBERS or PAPPC FAMILY MEMBERS who are awarded a scholarship may only apply once every two (2) years. 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: \_\_\_\_\_