

*The Aaron and Charlie Samuel Memorial Scholarship Fund
Application Form*

Due: June 1, 2020

Date of Application: _____

Name of Applicant: _____ Age _____

Address: _____

City _____ State _____ Zip Code _____

Phone (H) _____ Cell _____

Email: _____

Parents: _____

Sponsoring Chapter: _____

Reunions Attended in the Last 5 Years: Year Location

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Name of College, University, or Technical School: _____

Grade Point Average: _____

Signature of Sponsoring Chapter President or Designee

Send Completed Application Packet to:

**Sheila Thomas
1016 East Cliveden Street
Philadelphia, PA 119
Or email to: stomas966@verizon.net**