THE FRIENDS OF BRADDOCK
BRADDOCK CHAPTER

THE CHARLES VAN WILLIAMS
Scholarship Application

“In support of youth and community and
Building a legacy of excellence.”
1. Personal Data:
   a. Name: ____________________________________________
      Last          First               Middle
   b. Address: ____________________________________________
   c. City: ___________________________ State: _____ Zip: _______
   d. Telephone: _______________ Date of Birth: ________________

2. Name of High School:_______________________________________________
   a. Address: _____________________________________________________
   b. City: ___________________________ State: _____ Zip: _______
   c. Dates attended: From ______________________ to ______________________
   e. Counselor’s Name: ______________________________________________

3. List school extracurricular activities. (use extra sheet if necessary)
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________

4. List honors, awards and dates they were received. (Attach copies of awards or certificates, if possible)
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________

5. List community, civic activities and services. Indicate positions held, dates and term of service.
   _________________________________________________________________
   _________________________________________________________________

6. Provide two letters of reference from a teacher or school administrator.
7. Secondary School where you have been accepted and a copy of the acceptance letter.
   a. Name: __________________________________________________________
   b. Address: _______________________________________________________
   c. City: ___________________________ State: _____ Zip: ________
   d. Major course of study: __________________________________________

I understand that if selected I will be responsible for repayment of misused funds as described in the attached terms of acceptance. I have read and understand all terms and conditions of the scholarship.

   Student’s signature: _____________________________________________ Date: __________

   Parent’s/Guardian’s
   signature _____________________________________________ Date: __________

**DEADLINE:** Please submit this application to the Friends of Braddock no later than May 31st of the current year. Be sure to attach copies of your transcript, your senior grades and any other documents required to this application.

- This scholarship does not discriminate because of ethnic culture, color, national origin, sex, age, sexual orientation or handicap according to Title VI, Title IX and Section 504;
- For information regarding civil rights or grievance procedures, contact Title IX Coordinator, at 2430 Greensburg Pike, Pittsburgh, PA 15221, 412-731-1300

Complete and mail to:

The Friends of Braddock
P.O. Box 418
Braddock, PA 15104