



## Philadelphia Health Services, Inc. (PHS, Inc.) BOOK SCHOLARSHIP PROGRAM 2024 APPLICATION FORM

**Deadline:** This application form and all other required documentation must be received by June 30, 2024 (5:00 p.m. eastern time). Questions? Call Yvette Rouse (484) 278-1836 (5 p.m. – 8 p.m. weekdays) or e-mail: [phscares1@gmail.com](mailto:phscares1@gmail.com). Website: [www.phscares.org](http://www.phscares.org).

Required fields are indicated by an asterisk (\*).

**Eligibility:** Students must meet these criteria to be eligible. Please initial.

1. \_\_\_\_\* I confirm that I am of African descent/ancestry.
2. \_\_\_\_\* I confirm I've worked/volunteered in the community. (written documentation needed)
3. \_\_\_\_\* I live in the United States (includes Washington, DC, and Puerto Rico).
4. \_\_\_\_\* I will be attending a college in the United States in the fall of 2024.
5. \_\_\_\_\* If chosen for a scholarship, I will provide assistance to the Akoma Rites of Passage program. By volunteering to work events or mentoring princes/princesses.

6. **\*Name:**

a. First name\*-- Middle name(s) -- Last name\*:

\_\_\_\_\_

b. If it is different than your formal name, what do you prefer to be called?:

\_\_\_\_\_

7. **\*Have you won a PHS, Inc. scholarship before?**

\_\_\_ Yes (Year: \_\_\_\_\_) or \_\_\_ No.

8. **\*Home address:** The Philadelphia Health Services, Inc. Scholarship Program is restricted to residents of the 50 states of the United States of America, the District of Columbia, and Puerto Rico.

\*Address: \_\_\_\_\_

Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*ZIP: \_\_\_\_\_

9. **\*Primary telephone:** (\_\_\_\_\_) \_\_\_\_\_

10. **Secondary telephone:** (\_\_\_\_\_) \_\_\_\_\_ **Extension:** \_\_\_\_\_

11. **E-mail:** \_\_\_\_\_

12. **\*Date of Birth (MM/DD/YYYY):** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



**13. \*What school will you be attending?**

\*Name: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*ZIP: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_

\*What is your current GPA?: \_\_\_\_\_

**14. Required —college admission composite test score(s).** Attach photocopies of all score reports.

ACT \_\_\_\_\_ SAT \_\_\_\_\_

Other:

**15. \*Classification in fall semester 2024:** \_\_\_\_\_

**You must be an entering Freshman and no older than 20 years of age.**

**16. \*What degree(s) are you pursuing?:**

**17. \*What profession or field of employment do you wish to enter with your college degree?:**

**18. \*Anticipated year of college graduation:** \_\_\_\_\_

**19. \*The Essay:**

What does the scholarship committee need to know about you in 800 words or less? The committee members will be especially interested in these points: your most notable qualities, your view/opinion about community service, and examples of your demonstrated leadership ability and community service.

Attach your essay to this form. The essay is limited to no more than 800 words, one and half print page (approximately 4,500 characters). Recommendation: Carefully proofread your essay and know that well-done short essays are admired.

**20. \*Certification Statement:**

By signing your name below, I confirm that all of the information provided above and in the accompanying documents are true and correct to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_