MALCOLM M. PRINE/WPFOA SCHOLARSHIP FUND

C/O MARGARET PRINE JOY

630 OLIVER BUILDING, 535 SMITHFIELD STREET

PITTSBURGH, PENNSYLVANIA 15222

APPLICATION PROCEDURE

The Malcolm M. Prine/Western Pennsylvania Football Officials Association Scholarship is available to high school varsity football athletes at schools in Western Pennsylvania where WPFOA members officiate. Please complete this Scholarship Application form and make certain that all of the following supporting information is included:

1. A copy of your high school transcript and College Board SAT (or equivalent) scores.
2. Two letters of recommendation – one from a member of the academic staff, and one from a member of the athletic staff.
3. A copy of your acceptance letter from the institution you are going to attend, if available.

The Application and supporting information must be received no later than no later than February 28th of the current school year. For example, for the 2025/2026 school year, the due date is February 28, 2026.

All Applications and supporting materials should be mailed to:

MARGARET PRINE JOY

630 OLIVER BUILDING, 535 SMITHFIELD STREET

PITTSBURGH, PENNSYLVANIA 15222

joy@mmsj.com

Phone: (412) 471-9900

SELECTION OF WINNERS

Winners will be chosen by a committee and will be selected on the basis of the following criteria:

1. Amount of financial assistance required in order to pursue further education
2. Academic promise as indicated by:
	1. High school grades;
	2. Rank in high school class; and
	3. College Board scores.
3. Citizenship and community service.

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APPLICATION FORM

Please type or print.

1. Applicant

Name: Date of Birth:

Address: Phone Number:

 Social Security No.: - -

Date of High School Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Parent(s)’ Financial Data

 PLEASE PROVIDE THE FOLLOWING INFORMATION for the immediate prior calendar year:

1. Mother’s gross income from all sources: $
2. Father’s gross income from all sources: $
3. Total: $
4. Number of dependents (under 18) children (excluding Applicant): $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Market value of home and other real estate (if rent, please note): $
2. Balance – Average in Checking Accounts: $
3. Balance –Savings Account: $
4. Market Value of stocks, bonds, investments: $
5. Other assets: $
6. TOTAL Nos. 7 through 11: $

LIABILITIES

 PLEASE PROVIDE THE AMOUNTS REQUESTED BELOW for the immediate prior calendar year, or current monthly:

1. Unreimbursed medical expenses for household: $
2. Educational costs for all children under 18 in $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

the household:

1. Mortgage or rent (per month) $
2. Other debt (credit cards, loans, etc.)(per month) $
3. TOTAL: $
4. Applicant’s Schooling
5. List any scholastic distinctions or honors you have won:

1. In what extra-curricular non-sports activities have you participated since 9th grade? List offices held and years participated.

1. List all sports (other than football) in which you have participated since 9th grade.

1. List any community service, church or nonprofit organizations in which you have been active.

1. Education Plans
2. Name of post-secondary institution you will attend:
3. Address of institution:
4. Telephone number: ( )
5. Intended field of study (if known):
6. Education Plans *(Continued)*
7. Have you received or applied for any scholarship or other financial aid:

YES NO

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name/Source | Amount | Application Accepted | Application Rejected | NotNotified |
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|  |  |  |  |  |
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|  |  |  |  |  |

1. Employment Record

|  |  |  |
| --- | --- | --- |
| Firm Name(or Self-Employed) | Position or Type of Work | Dates(mo./yr. to mo./yr.) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Add any additional comments or information that you feel are pertinent to this application:

1. Parent/Guardian Comments:

I understand that this application and all supporting information are confidential and will be used only for the selection of scholarship winners. I affirm that all facts stated herein are true and will fulfill all instructions listed on the Application Procedure within the specified time limits. (The following must be completed):

Applicant Signature:

Parent/Guardian Signature:

Date: