PAAA
SCHOLARSHIP GRANT APPLICATION

Name _____ _____ _____
First Middle Last

Resident Home Address _____

_____ ____ _____
City State Zip Code

College or University _____

College Address _____

_____

Telephones (personal cell) _____ school/work _____

Email _____ **Citizenship** _____

Date of Birth _____ **Place of Birth** _____

Year at school at time of application_____
(Freshman, Sophomore, Junior, Senior, Graduate)

Areas of Study _____ _____
Major Minor

Projected Date of Graduation _____ **Prospective Degree**_____

_____ _____
Applicant's signature **Date**

Send Application Form with $20 Application Fee to:

PAAA Scholarship Chair
Wanda O'Brien-Trefil, Ph.D.
9413 Old Reserve Way
Fairfax, VA 22031