

## **MALCOLM M. PRINE WPAFOA 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 WPAFOA 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 **March 15, 2024**.

All Applications and supporting materials should be mailed or emailed to:

MARGARET PRINE JOY  
630 OLIVER BUILDING, 535 SMITHFIELD STREET  
PITTSBURGH, PENNSYLVANIA 15222  
[joy@mmrjfamilylaw.com](mailto:joy@mmrjfamilylaw.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.
4. **PLEASE NOTE that you do NOT have to plan to play football in college to qualify for this scholarship.**

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**APPLICATION FORM**

*Please type or print.*

**A. Applicant**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Social Security No.: \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

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

**B. 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): \$ \_\_\_\_\_

5. Market value of home and other real estate (if  
rent, please note): \$ \_\_\_\_\_

6. Balance - Average in checking accounts: \$ \_\_\_\_\_

7. Balance -Savings/Money market accounts: \$ \_\_\_\_\_

8. Market Value of stocks, bonds, investments  
(non-retirement assets) \$ \_\_\_\_\_

9. Retirement assets: \$ \_\_\_\_\_

10. Other assets (please detail): \$ \_\_\_\_\_

11. TOTAL Nos. 5 through 10: \$ \_\_\_\_\_

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: \$ \_\_\_\_\_
- 3. Mortgage or rent (per month) \$ \_\_\_\_\_
- 4. Other debt (credit cards, loans, etc.)(per month) \$ \_\_\_\_\_
- 5. TOTAL: \$ \_\_\_\_\_

**C. Applicant's Schooling**

- 1. List any scholastic distinctions or honors you have won:

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE THAT YOU DO NOT HAVE TO PLAY FOOTBALL IN COLLEGE TO QUALIFY FOR THIS SCHOLARSHIP.**

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

\_\_\_\_\_

\_\_\_\_\_

**D. Post-Secondary Education Plans**

- 1. Name of post-secondary institution you will attend (if known): \_\_\_\_\_
- 2. Address of institution: \_\_\_\_\_
- 3. Telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_
- 4. Intended field of study (if known): \_\_\_\_\_

**(Post-Secondary Education Plans (Continued))**

5. Have you received or applied for any scholarship or other financial aid?

YES \_\_\_\_\_

NO \_\_\_\_\_

Name/Source	Amount	Application Accepted	Application Rejected	Not Notified

**D. Employment Record**

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

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

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**F.** Parent/Guardian Comments:

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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: \_\_\_\_\_