

*The Children's Home of Reading
Fraunfelter Scholarship
Application*

Applicant's Name _____ Phone _____

Address _____

Birthdate _____ Social Security Number _____

High School _____ Graduation (G.E.D.) Date _____

With which program of the Children's Home of Reading were you associated? When?

At what school will these funds be used? _____

Address of School _____

Note -- You must be accepted before applying for this scholarship

For what occupation are you preparing? _____

Describe the course of study (including expected number of years) _____

Total cost for one year: _____

From what other sources do you expect to receive help in funding your education? Amount?

Amount being applied for from Fraunfelter Scholarship Fund: _____

Why are you pursuing this course of study?

Share any special circumstances you think might relate to your need for this scholarship.

Instructions and information

- *Fill in all information as completely as possible*
- *Use additional pages, if necessary, to relate all information you feel is important.*
- *Send completed application to:*
Fraunfelter Scholarship
c/o Executive Director
Children's home of Reading
1010 Centre Avenue
Reading PA 19605
- *You will receive a response within 10 weeks of receipt of this application*

This space for office use only

Soc. Wk Name _____
Date Received _____
Date Reviewed _____
Action Taken _____
Response Sent _____