

**THE ALBERT BREISINGER SCHOLARSHIP AWARD**  
**Based on Scholarship, Leadership, Community Involvement, Career Aspirations**

This Scholarship will be available to senior students who reside in the West Jefferson Hills School District, who plan to pursue a career in Allied Health, Protective Service and/or Social Service occupations, and who will be attending a two or four year college, Nursing School and/or professional school offering bonafied programs in these career areas.

The recipient will receive \$300.00 per school year up to a maximum of four years. Annual renewal of the Scholarship will be based on evidence of continued enrollment and satisfactory performance.

Upon receipt of notification of enrollment and verification of qualifying program of study, a check will be made payable directly to the school.

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**(Please Type or Print)**

(Student's Full Name) \_\_\_\_\_

(Date of Birth) \_\_\_\_\_ Social Security #) \_\_\_\_\_

Student's Address (Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

(Phone#) \_\_\_\_\_

Father \_\_\_\_\_ Occupation \_\_\_\_\_

Mother \_\_\_\_\_ Occupation \_\_\_\_\_

**SCHOOL ATTENDED (NINTH THROUGH TWELFTH GRADES)**

Name of School	Date of Entrance	Period Attended

**SCHOLASTIC AND EXTRA CURRICULAR ACTIVITIES**

	Organization in school to which you belong	Dates	Offices held (if any)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

**COMMUNITY RELATED ACTIVITIES**

	Organization in community to which you belong	Dates	Offices held
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

**HONORS AND AWARDS**

	List honors and awards received	Nature of Award or Honor	Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

