
SCHOLARSHIP APPLICATION
IGNITE THE FIRE CULINARY SCHOLARSHIP

Full name: _____ Date: _____
Last *First* *M.I.*

Address: _____ Phone: _____
Street address *Apt/Unit #*

_____ Email: _____
City *State* *Zip Code*

Student ID # _____ Major _____ High School G.P.A. _____
High School: _____

Served or is currently serving in the military _____ From: _____ To: _____

Transportation to Culinary Institute. Please circle one. BUS PASS PARKING SPACE PASS

Registered Full time or Part time _____ Full Time _____ Part Time _____ FAFSA Completed: _____ YES _____ NO _____

Agreements: Please check all boxes

- If awarded a scholarship, I agree to write and send a thank you not to the donor.
- If awarded a scholarship, I agree to maintain the GPA requirement to receive the second semester award.
- If awarded a scholarship, I agree to comply with any additional requirements to keep eligibility.

Complete the essay prompt: Explain how receiving an education at Pennsylvania Highlands Community College will impact your life (500 Word Maximum).
Please email the application and essay to foundation@pennhighlands.edu or mail to Pennsylvania Highlands Community College Attn: Foundation 101 Community College Way Johnstown, PA 15904

