

2026 APPLICATION FOR PEF DIVISION 234 SCHOLARSHIPS

(Submit this completed form with your documentation)

APPLICANT

Name _____

Mailing
Address _____

Phone # _____

Email _____

Name of college or trade school the Applicant will be attending during the Fall 2026 semester:

Address _____

DIVISION 234 SPONSOR

Name _____ Agency _____

Sponsor's Relationship to Applicant: _____

Work Phone # _____ Home or Cell Phone # _____

Sponsor's Signature _____

PEF ID # _____
(First 4 letters of first name – first 4 letters of last name – zip code)

APPLICANT ATTESTATION:

I hereby agree, if I am awarded a PEF Division 234 Scholarship, I will attend an educational institution in the Fall Semester of 2026. I hereby agree that if I do not attend an educational institution in the Fall Semester of 2026, that I will return my scholarship award to the PEF Division 234 Scholarship Committee, at the address located on this application. I also agree that the PEF Division 234 Scholarship Committee has the authority to make a formal request for the return of all Scholarship funds if I do not attend an educational institution in the Fall Semester of 2026. I attest that all information provided on this application is true and accurate.

PEF Division 234 reserves the right to contact scholarship winners to confirm their enrollment in the above educational institution. Scholarship recipients who do not attend will be required to return the full amount of their scholarship award.

Applicant's Signature _____

Date _____