

The 2025-2026 Commonwealth Good Citizen Scholarship Application

Student Name:				
First	Middle Initial	Last		
Permanent Mailing Ad	ldress*:			
Address Line 2:				
City:		State:	ZIP:	
Student Phone Numbe	r:			
Student Campus Emai	l Address:			
Student Alternative E	nail:			
summer 2025. Your a	ress should be a location at ddress, phone number, and y will not be used for any or	email address v	•	_
Student Academic In	formation			
College or University	currently attending:			
Class Year: Fresh	nman Sophomore	Junior	Senior	
Major:	M	inor (if any): _		
Cumulative GPA:	GPA in n	najor:		
Expected date of Grad	uation: Month/Year	·		

Commonwealth Good Citizen Scholarship Essay Requirement

Please type a brief essay describing your college experience and focusing upon the answers to the following:

- What are your career/academic goals upon graduation?
- What volunteer/extracurricular activities do you participate in, either on or off campus?
- How do your community service activities relate to your major and what leadership roles have you taken on?
- How will you remain involved in your community upon graduation?

Please limit your essay to two (2) double-spaced pages. You must use 1-inch margins (left, right, top & bottom) in your document. Use a font that is easily readable and a font size of 11 or larger. Failure to follow these guidelines could mean that you will not be considered for the Commonwealth Good Citizen Scholarship.

In addition to your application and required essay, you are encouraged to submit a copy of your academic transcript, a letter of recommendation, and any other materials that you feel will be helpful to the scholarship selection committee in making their decision.

Your completed application, essay, signed certification Page, and any supporting materials must be returned to your financial aid office no later than May 30, 2025.

STUDENT APPLICANT: Certification and Authorization

I certify that to the best of my knowledge the information contained in this application and in my scholarship essay is complete and accurate. I authorize the release of information from my college or university to the Association of Independent Colleges and Universities of Pennsylvania (AICUP) to confirm the information contained in this application. _____ Date: _____ Student Signature: _____ (Please type full name) By initialing here, I also permit AICUP to use my name and institution and a quote from my essay in a news release and other promotional material should I be selected as a recipient of the 2025-2026 Commonwealth Good Citizen Scholarship. _____ The information below should be completed by the financial aid office at your college or university. **FINANCIAL AID OFFICE: Confirmation** By my signature below, I confirm that my institution is nominating the above student for consideration of receiving the 2025-2026 Commonwealth Good Citizen Scholarship awarded through the Association of Independent Colleges and Universities of Pennsylvania. Name of Financial Aid Officer: Title of Financial Aid Officer:

Signature: _____ Date: _____ Date: _____

Email Address: