The Philip E. Potter Foundation

2027/2028
Student Reapplication
Undergraduate Scholarship Grant

DUE: June 1, 2027

The information contained in this application will be kept strictly confidential.

Date_____ Social Security Number_____

Name_____
First Middle Last

Home Address_____
Street City/Town State Zip

Primary Phone Number (specify if home phone or parent's cell phone) _____

Student Cell Phone Number _____

E-mail address for all communications regarding this scholarship_____

Signatures of parent, parents or guardian affirming the above

_____ _____

Provide an update on your college grades and activities. (Classes, grades, activities, internships, progress toward your major….)

COLLEGE (Complete ONLY if changing colleges)

What college do you wish to attend? _____

Complete address of the college _____

Reason for Transferring?_____

What is your desired major? _____

Will you live at home or on campus? _____

Signature of Student _____

***ATTACH THE FINANCIAL AID OUTLINE PROVIDED TO YOU BY THE COLLEGE YOU WILL BE ATTENDING**

ESTIMATED EXPENSES

Tuition	$_____
Room and Board	$_____
Registration Fee	$_____
Infirmary/Health Fee	$_____
Student Activities Fee	$_____
Books	$_____
Clothes	$_____
Laundry	$_____
Travel	$_____
Other - (please specify)	$_____
Total Estimated Expenses:	**$**_____

ESTIMATED INCOME

Savings	$_____
Student Earnings/summer employment	$_____
Earnings during college year	$_____
Parents' Contribution	$_____
Do you benefit from any educational plan? or savings account? i.e. Coverdell Plan or 529 Plan (name & amount)	$_____
College Scholarship	$_____
Other Scholarships (Please provide name/s and amount/s)	$_____
Planned Loan (if any)	$_____
Name of Lender: _____	
Total Estimated Income	**$**_____
Net Estimated Need for the Year	**$**_____

Any Additional Education Expenses: (Please provide details)_____

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_____

Extraordinary Family Expenses or Situations: (Please provide details)_____

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This Application and Financial Statement must be filled out in its entirety.
If there are any answers left blank, the application will NOT be considered.

* * * *

Name_____ Date_____

STATEMENT OF ADJUSTED FAMILY INCOME (To be completed by student's Parents or Guardian)

Adjusted Gross plus non-taxable income from 2026 Federal Tax Returns

A. Father $_____

B. Mother $_____

C. Adjusted Family Income – from (2026) form 1040 $_____

Current Family Assets and Non-Taxable Income

Home Equity $_____

Other Real Estate Equity $_____

Checking Account Balance $_____

Savings Account Balance $_____

Other Investments (including stocks & bonds) $_____

Non-Taxable Income - Social Security $_____

Non-Taxable Income - Child Support $_____

Non-Taxable Income - Other $_____