**Delaware County PASR Educational Support Scholarship Award**

**FINANCIAL SITUATION DESCRIPTION**

Please answer each of the following questions in six sentences or less, single-spaced, using one piece of paper. Responses should be typewritten. Handwritten responses are not acceptable.

**NAME of APPLICANT:**

1. Why do you want the Delaware County PASR Educational Support Scholarshipaward?
2. Have you had any work experience? If so, state the kind of work, the length of time employed, and whether or not you receive wages.