



Supporting Our Community, Investing in Our Future

SCHOLARSHIP APPLICATION for the 2017-2018 SCHOOL YEAR

DEADLINE FOR SUBMISSION: APRIL 13, 2017

Your name: \_\_\_\_\_ Social Sec. #: \_\_\_\_\_ Birth date: \_\_\_\_\_ (Month / Day / Year)

Name of school/college you presently attend: \_\_\_\_\_

Circle: year in college in 2017 - 18: 1 2 3 4 Expected college graduation date: \_\_\_\_\_ (Month / Year)

Major field of college study: \_\_\_\_\_

Name of college you expect to attend fall of 2017: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

STATEMENT OF APPLICANT

I have received, read and understood this application's supplemental page titled IMPORTANT PROCEDURES & DEADLINES. I hereby apply for scholarship aid from the Washington Scholarship Fund and personally affirm that all information provided in this application is truthful and complete. Copies of my Student Aid Report & Financial Aid Package are attached.

My \_\_\_\_\_ Home telephone: (860) \_\_\_\_\_ — \_\_\_\_\_
Mailing \_\_\_\_\_ Telephone where I can normally be reached
Address \_\_\_\_\_ at school/college/work: ( ) \_\_\_\_\_ — \_\_\_\_\_
Email address: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date submitted to Mr. Dyer: \_\_\_\_\_, 2017

ESTIMATED COLLEGE EXPENSES NEXT YEAR (2017-2018):

Tuition & Fees: \$ \_\_\_\_\_
Books & Supplies: \_\_\_\_\_
Room & Board: \_\_\_\_\_
Transportation: \_\_\_\_\_
Other Costs: \_\_\_\_\_
=====
TOTAL: \$ \_\_\_\_\_

\_\_\_\_\_ Check here if you expect to live at home and commute to college.
If you will be a new college student (or will be transferring to a different college) this Fall:
Have you been accepted for admission at the college you expect to attend? \_\_\_\_\_
If not yet accepted, when do you expect to be notified? \_\_\_\_\_
If you are a student returning to college: Please indicate the total unpaid balance of all your federal (not personal) student loans: \$ \_\_\_\_\_

EXPLANATION OF SPECIAL CIRCUMSTANCES

Attach a separate sheet if you wish to describe any unique circumstances impacting your (and/or your parents') ability to pay for college expenses: e.g., other major educational costs and debts related thereto, extraordinary medical/dental expenses not covered by insurance, significant changes anticipated in student (or parental) income, assets or expenses, etc. Please type.

Are you the beneficiary of a "529 College Savings Plan"? \_\_\_\_\_ YES \_\_\_\_\_ NO; Amount in this plan \_\_\_\_\_

Please identify any siblings who will also be attending college (exclude graduate school) in 2017-2018:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name of College: \_\_\_\_\_ Upcoming year in college: 1 2 3 4
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name of College: \_\_\_\_\_ Upcoming year in college: 1 2 3 4

**PLEASE CONSULT WITH YOUR PARENTS TO VERIFY THAT THE FOLLOWING DATA IS ACCURATE & COMPLETE.**

"Independent" students should substitute the word "spouse" for "parents" wherever such references appear below.

Street location of your Washington residence: \_\_\_\_\_

How many years have you lived at this particular location? \_\_\_\_\_

In what town, if any, are you registered to vote? \_\_\_\_\_

During the past 15 months, have either you or your parents changed your/their primary residence? \_\_\_\_ YES \_\_\_\_ NO

If "YES": please explain: \_\_\_\_\_

**If your family owns your Washington residence: (As of Jan.1, 2017)**

What is its current "Assessed Value": \$ \_\_\_\_\_ WSF will verify with Assessor's Office.

How much is owed on it? \$ \_\_\_\_\_ Please be accurate. (Contact mortgage holder if uncertain.)

**If your family does not own your Washington residence** or if you are an Independent student residing in your parent's house:

Is your housing being provided rent-free or at a cost that is below customary open-market rental rates for comparable housing: \_\_\_\_ YES \_\_\_\_ NO Please indicate amount of rent being paid each month: \$ \_\_\_\_\_

**Please indicate the type and location** (in both Washington and elsewhere) **of all real estate other than your Washington residence owned by you and/or your parents**, regardless of whether owned jointly, individually, or in a fiduciary capacity:  
(Type of real estate) \_\_\_\_\_ Location: (Town) \_\_\_\_\_ (State) \_\_\_\_\_

**INFORMATION ABOUT YOUR CUSTODIAL PARENT(S):**

Mark one:  Father  Stepfather  Legal Guardian

Mark one:  Mother  Stepmother  Legal Guardian

Name \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Mark if:  Self-employed  Unemployed: since \_\_\_\_\_

Mark if:  Self-employed  Unemployed: since \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ No. yrs: \_\_\_\_\_

Employer: \_\_\_\_\_ No. yrs: \_\_\_\_\_

Retirement Plans:  Social Security Only  Another Plan Only  
 Social Security & Another Plan  None

Retirement Plans:  Social Security Only  Another Plan Only  
 Social Security & Another Plan  None

Please provide further details if your parent(s) own a business or live on (and operate) a family farm \_\_\_\_\_

**INFORMATION ABOUT YOUR NON-CUSTODIAL PARENT(S):**

To the applicant: If this information is impossible to obtain/determine, please submit the remainder of the application with a **brief** explanation as to why it is unobtainable.

Non-custodial Parent's Name: \_\_\_\_\_ Year of separation: \_\_\_\_\_ Year of divorce: \_\_\_\_\_

Address: \_\_\_\_\_ Which parent last claimed the student as a tax-exemption?  
(#, Street name) (Town) (State) \_\_\_\_\_ In what year: \_\_\_\_\_

Employer: \_\_\_\_\_

Adjusted Gross Annual Income \_\_\_\_\_ (Attach verifying page of income tax return.)

Expected contribution to applicant's college expenses for 2017-2018: \_\_\_\_\_

**\*\*NO APPLICATION WILL BE PROCESSED UNLESS THIS STATEMENT IS DATED & SIGNED and received by APRIL 13.\*\***