



SCHOLARSHIP APPLICATION for the 2019-2020 SCHOOL YEAR

DEADLINE FOR SUBMISSION: APRIL 12, 2019

Supporting Our Community, Investing in Our Future

Your name: _____ **Social Sec. #:** _____ **Birth date:** _____
 (Month / Day / Year)

Name of school/college you presently attend: _____

Circle: year in college in 2019 - 2020: 1 2 3 4 **Expected college graduation date:** _____
 (Month / Year)

Major field of college study: _____

Name of college you expect to attend fall of 2019: _____

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. Boucher:** _____, 2019

ESTIMATED COLLEGE EXPENSES NEXT YEAR (2019 - 2020):

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 2019-2020:

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, 2019)

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 _____

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Occupation _____

Occupation: _____

Employer: _____ No. yrs: _____

Employer: _____ No. yrs: _____

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

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 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 2019-2020: _____

****NO APPLICATION WILL BE PROCESSED UNLESS THIS STATEMENT IS DATED & SIGNED and received by APRIL 12.****