



**SCHOLARSHIP APPLICATION
for the 2020 - 2021 SCHOOL YEAR
DEADLINE FOR SUBMISSION:
APRIL 15, 2020**

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

Name of school/college you presently attend: _____

Circle: year in college in 2020-2021: 1 2 3 4 Expected college graduation date: _____
(Month / Year)

Major field of college study: _____

Name of college you expect to attend fall of 2020: _____

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: () _____ — _____
Mailing _____	Telephone where I can normally be reached at school/college/work: () _____ — _____
Address _____	Email address: _____

Signature of Applicant: _____ Date submitted to Mr. Boucher: _____, 2020

ESTIMATED COLLEGE EXPENSES NEXT YEAR (2020 - 2021):

Tuition & Fees: \$ _____	_____ Check here if you expect to live at home and commute to college.
Books & Supplies: _____	If you will be a new college student (or will be transferring to a different college) this fall: _____
Room & Board: _____	Have you been accepted for admission at the college you expect to attend? _____
Transportation: _____	If not yet accepted, when do you expect to be notified? _____
Other Costs: _____	If you are a student returning to college: Please indicate the total unpaid balance of all your federal (not personal) student loans: \$ _____
TOTAL: \$ _____	

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 2020-2021:

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

(OVER both sides must be completed)

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, 2020)

What is its current "Assessed Value": \$ _____ WSF will verify with the 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:

<i>(Type of real estate)</i>	<i>Location: (Town)</i>	<i>(State)</i>
_____	_____	_____
_____	_____	_____

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

Retirement Social Security Only Another Plan Only
Plans: Social Security & Another Plan

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

_____ what year: _____
City State Zip

Employer: _____ Adjusted Gross Annual Income _____
(Attach verifying page of income tax return)

Expected contribution to applicant's college expenses for 2020-2021: _____

***NO APPLICATION WILL BE PROCESSED UNLESS THIS STATEMENT IS DATED, SIGNED & RECEIVED
by APRIL 15, 2020***