



SCHOLARSHIP APPLICATION
for the 2022 - 2023 SCHOOL YEAR
DEADLINE FOR SUBMISSION: APRIL 11, 2022

Your name: SocialSec. #: Birth date: (Month / Day / Year)

Name of school/college you presently attend:

Circle: year in college in 2022-2023: 1 2 3 4 Expected college graduation date: (Month / Year)

Major field of college study:

Name of college you expect to attend fall of 2022: 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: () Telephone where I can normally be reached

Mailing at school/college/work: () Address

Email address: Signature of

Applicant: Date submitted to Mr. Boucher: April 11, 2022

ESTIMATED COLLEGE EXPENSES NEXT YEAR (2021 - 2022):

Tuition & Fees: \$ and commute to college. Check here if you expect to live at home

Books & Supplies: If you will be a new college student (or will be transferring to a different college) this fall:

Room & Board:

Transportation: Have you been accepted for admission at the college you expect to attend?

Other Costs: If not yet accepted, when do you expect to be notified?

==== If you are a student returning to college: TOTAL: \$ 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 2020-2021: Upcoming year

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

Name: _____ Age: _____ Name of College: _____ 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, 2022)**

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:

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

_____ 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 at the Shepaug Guidance office by APRIL 11, 2022* Please do not send applications to the WSF PO Box.**

Important Note: If you are a WSF recipient and are reapplying you will be required to send an email to the WSF at sknicholaswsf@gmail.com at the end of your first semester each year sharing your experiences and how WSF supported your education. This year you may send it with your application. Current seniors that receive an award this year will be required to send an email after their first semester and every year after that.