



*Supporting Our Community, Investing in Our Future*

**SCHOLARSHIP APPLICATION for the 2023 - 2024 SCHOOL YEAR**

**DEADLINE FOR SUBMISSION: APRIL 19, 2023**

Please complete all 3 pages

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

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

Year in college in 2023-2024: 1 2 3 4 Expected graduation date (month/year): \_\_\_\_\_

Name of college you expect to attend fall of 2023: \_\_\_\_\_

Address: Street \_\_\_\_\_

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

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

----- **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 your Student Aid Report & Financial Aid Package should be attached.

Date submitted to SVS Counseling Office: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Email address: Personal \_\_\_\_\_ School \_\_\_\_\_

**ESTIMATED COLLEGE EXPENSES NEXT YEAR (2023 - 2024):**

Check here if you expect to live at home and commute to college. \_\_\_\_\_

Tuition & Fees: \$ \_\_\_\_\_

Books & Supplies: \$ \_\_\_\_\_

Room & Board: \$ \_\_\_\_\_

Transportation: \$ \_\_\_\_\_

Other Costs: \$ \_\_\_\_\_

=====

**TOTAL:** \$ \_\_\_\_\_

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 ? Y N

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 2023-2024

Name/ Age / School/Year \_\_\_\_\_

Name/ Age /School/ Year in college: \_\_\_\_\_

**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, 2023)**

What is its current "Assessed Value": \$ \_\_\_\_\_ How much is owed? \$ \_\_\_\_\_

please be accurate (Contact mortgage holder if uncertain) **WSF will verify with the Assessor's Office 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**

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

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

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

Mark one:  **Mother**  **Stepmother**  **Legal Guardian**

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

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

Retirement  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 \_\_\_\_\_

Employer: \_\_\_\_\_ Adjusted Gross Annual Income \_\_\_\_\_

(Attach verifying page of income tax return)

Expected contribution to applicant's college expenses for 2023-24: \$ \_\_\_\_\_

Which parent last claimed the student as a tax-exemption? \_\_\_\_\_

**\*NO APPLICATION WILL BE PROCESSED UNLESS THIS STATEMENT IS DATED, SIGNED & RECEIVED at the Shepaug Guidance office by APRIL 19, 2023\***

**Please do not send applications to the WSF PO Box.**