



Supporting Our Community, Investing in Our Future

SCHOLARSHIP APPLICATION 2024- 2025
DEADLINE FOR SUBMISSION: APRIL 11, 2024

Please complete all 5 pages

Your name: **SocialSec. #:**

Birth date: (Month / Day / Year)

Name of school/college you presently attend:

Year in college in 2024-2025:

Expected graduation date (month/year):

Name of college you expect to attend fall of 2024:

Address of college: 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 my **Student Aid Report & Financial Aid Package** are attached.

Date submitted to Ms. Velez at the Shepaug Guidance office:

Mailing Address

Signature of Applicant:

Home telephone:

Cell

Email address

ESTIMATED COLLEGE EXPENSES NEXT YEAR (2024 - 2025):

Do you expect to live at home and commute?

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**?

Amount in this plan

Please identify any **siblings** who will also be attending **college** (**exclude graduate school**) in 2024-2025:

Name/ Age / Year in college:

Name/ Age / 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:

of years there

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, 2024)

What is its current "Assessed Value": \$

How much is owed? \$

Please be accurate (Contact mortgage holder if uncertain) **WSF will verify with the Washington 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):

Father, Stepfather, Legal Guardian

Name: Age Self-employed or Unemployed: since

Occupation Employer: No. yrs:

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

Mother , Stepmother,Legal Guardian

Name: Age Self-employed or 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 /divorce:

Address:

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

Expected contribution to applicant's college expenses for 2024-25: \$

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 11, 2024

Please do not send applications to the WSF PO Box.