

ROSLYN HIGH SCHOOL SCHOLARSHIP AND /OR MARTIN LUTHER KING JR. SCHOLARSHIP APPLICATION

You are encouraged to apply for both scholarships listed below, although this does not necessarily mean that both scholarships will be awarded.

I am applying for: R.H.S. Scholarship_____ Martin Luther King Jr. Scholarship_____

Note: ALL ITEMS MUST BE COMPLETED AND RETURNED TO MS. BURNS IN THE COUNSELING CENTER.

Name: _____
First Middle Last

Date of Birth: _____

Address: _____
Street Apt. No.

City State Zip Code

Telephone No: _____

Counselor's Name: _____

STUDENT INFORMATION:

1. Where are you planning to attend college? _____

2. Have you applied for aid from the following sources? If not, please see your counselor before submitting this application. Applications and more information are available in the Counseling Center.
You must submit your financial aid award letter with this application.

FAFSA _____ CSS _____

Please provide us with a copy of your SAR (Student Aid Report) which is received after submitting your FAFSA as well as a copy of your Financial Aid Letter. No Applications will be accepted without both.

3. Estimated College Expenses:

1. Tuition \$ _____

4. Clothing \$ _____

2. Room & Board \$ _____

5. Travel \$ _____

3. Books & Fees \$ _____

Total Annual Expenses \$ _____

4. Please attach a personal statement of 300 to 500 words. Suggested topics to include would be: school experiences, why you want to continue your education and/or hopes for the future. Include information which you feel would be helpful to the Scholarship committee understand you, your goals, and your needs. **You may use the statement from your college applications.** (Please TYPE)

5. Please submit two (2) written recommendations (For example – a teacher, an employer, a neighbor, or a member of the clergy). Do not include recommendations from relatives.

...continued

FAMILY INFORMATION (To be filled out by parent(s) or guardian) ALL INFORMATION WILL REMAIN CONFIDENTIAL.

6. Name of Father or Guardian _____ Home Phone: _____
Address _____ Cell Phone: _____
Living _____ Deceased _____

Name of Employer _____ Position Held _____

7. Name of Mother or Guardian _____ Home Phone: _____

Address _____ Cell Phone: _____
Living _____ Deceased _____

Name of Employer _____ Positions Held _____

8. **Names of children and other dependents:**

NAME	AGE	LIVING AT HOME	SCHOOL ATTENDING	TUITION EXPENSES

9. Do you own or rent your home? Own _____ Monthly Mortgage Payment \$ _____

Rent _____ Monthly Rent \$ _____

10. Please list other assets:

13. ***PLEASE ATTACH A COPY OF YOUR MOST RECENT 1040 OR 1040A INCOME TAX RETURN AND A COPY OF ANY FINANCIAL PACKAGE OR SCHOLARSHIP YOU HAVE BEEN OFFERED. IF YOUR FAMILY RECEIVES PUBLIC ASSISTANCE AND/OR AID FOR DEPENDENT CHILDREN, PROOF OF SUCH MUST BE INCLUDED.***

12. We, certify that, to the best of our ability, all information is complete and accurate.

Signature of Father or Guardian _____ Date _____

Signature of Mother or Guardian _____ Date _____

Signature of Student Applicant _____ Date _____

(Please return this application to Ms. Burns in the Counseling Center)