

NARRAGANSETT-COOKE-GASPEE DAR

SUSAN B.WILSON MEMORIAL SCHOLARSHIP AWARD \$1000

ELIGIBILITY: Recipient must be a resident of either Narragansett or South Kingstown and has shown achievement in their school studies and community service. Only applications that are neatly and thoroughly completed will be considered. All questions must be answered. The committee will not review incomplete applications.

All information will be held in confidence.

Name in full: _____ Date of Birth _____

Home Address: _____

PARENTS STATUS (This section must be filled in by parent or guardian)

Father's

Name: _____ Occupation _____

Annual Income: _____

Mother's Name: _____ Occupation _____

Annual Income: _____

Home Address: _____

If parent is deceased, is a trust fund established for education? _____

Is the parent eligible for or drawing Social Security payments? _____

If yes, monthly amounts: _____

Number of children in: _____ Grade School: _____ High School: _____ College: _____

Signature of parent: _____

THIS SECTION TO BE COMPLETED BY APPLICANT

List high school activities (use separate paper if necessary):

In what college or university do you plan to enroll in September? _____

Have you received formal acceptance from the school? _____

Estimate of college or university expenses:

Tuition: _____ Room and Board _____

Other: _____ Total estimated expenses: _____

What course of study do you plan to take? _____

What are your career goals after graduation? _____

What scholarships or financial aid have you applied for? _____

If more space is needed to answer or explain any of the above items more fully, please indicate which one, and attach appropriate papers to this form.

Are you or have you been employed? _____ Where: _____

How many hours weekly? _____

What is or has been your compensation? (Hourly _____ Weekly _____ Monthly _____)

Do any part of these earnings apply to household expenses? _____ If yes, how much _____

Will you continue to work full or part time while attending college or university? _____

Additional information you or your parents may wish to add that has not been covered by the preceding questions: i.e. excessive medical bills, disabilities, etc. _____

To the best of my knowledge, all preceding information is accurate and true.

Signature of the Applicant

Attach current transcript and SAT scores. Two letters of recommendation should accompany this application. Please return application to the SKHS guidance office.

Deadline for completed form is on or before April 2, 2012.