

# Paul Sherlock Scholarship Application

Applicant Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

High School: \_\_\_\_\_ Guidance Counselor \_\_\_\_\_

Name of the college you are attending: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**To be eligible, your Expected Family Contribution (EFC) must equal 7500. or less**

In order for your application to be considered, you must provide the following information:

- ✓ The latest copy of your Student Aid Report or a copy of your online FAFSA confirmation page showing your Estimated Family Contribution (EFC) For information on how to obtain either of these documents, contact the *College Planning Center* at 736-3170
- ✓ A copy of the acceptance letter from the college you will attend

**If you would like to receive information on other programs that are available from the Rhode Island Student Loan Authority (RISLA) please sign here:**

\_\_\_\_\_ **and check the appropriate box.**

All applicants must provide the following information:

Name: \_\_\_\_\_  Student loans

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

City, State, Zip: \_\_\_\_\_  Parent loans

Telephone Number: \_\_\_\_\_

Email (optional): \_\_\_\_\_  Scholarship & Grant websites

**Application Deadline: Must be returned to guidance on or before April 2, 2012.**