

**Pt. Judith Fishermen's Memorial Scholarship  
2012**

**Completed application forms must be returned to Ms. McCallig no later than  
April 2, 2012.**

**Please attach a current transcript.  
Letters of recommendation may accompany this application.**

**Notice to previous recipients: You may reapply for this scholarship and will be  
considered equally with all other applicants.**

**Please be sure to sign and date this application. Incomplete applications will not be  
considered.**

**Remember: Seafood is brain food!**

# Pt. Judith Fishermen's Scholarship Application

**Award to be deposited with the bursar upon confirmation of second semester enrollment.**

**Eligibility:** Recipients will be selected from graduating high school seniors and others who desire to further their education. You must reside in the South Kingstown/Narragansett area or be a dependent of someone who derives 75% of their income, directly or indirectly, from commercial fishing in Point Judith, RI. **Only applications that are neatly and thoroughly completed will be considered. The Committee will not review incomplete applications and late applications.**

Name in Full: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

## **PARENTS' STATUS –This section to be completed by parent or guardian.**

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Annual Income: \_\_\_\_\_ Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Annual Income: \_\_\_\_\_ Address: \_\_\_\_\_

If parent is deceased, is a Trust Fund established for education? \_\_\_\_\_

Are you eligible for, or are you drawing social security payments? \_\_\_\_\_

If so, monthly amounts: \_\_\_\_\_ Time limit: \_\_\_\_\_

Number of children in family: \_\_\_\_\_ Number of children living at home: \_\_\_\_\_

Brothers and sisters in high school: \_\_\_\_\_ Grade school: \_\_\_\_\_ College: \_\_\_\_\_

Do you rent or own your home? \_\_\_\_\_

**Does this applicant have a connection with commercial fishing in Point Judith, RI?** \_\_\_\_\_

Please explain: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian

**APPLICANT'S STATUS—This section to be completed by applicant**

Have you received this scholarship before? \_\_\_\_\_

Please list your high school activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list your activities or interests outside of school: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Where do you plan to enroll in September? \_\_\_\_\_

Have you received formal acceptance from the school? \_\_\_\_\_

**Estimate college expenses: Tuition:** \_\_\_\_\_ **Room & Board:** \_\_\_\_\_

**Books:** \_\_\_\_\_ **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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you been notified that you will be receiving any financial aid? \_\_\_\_\_

Please list amounts: \_\_\_\_\_

Describe your financial aid package: \_\_\_\_\_

Are any other family members receiving scholarship aid? \_\_\_\_\_

If so, please list: \_\_\_\_\_

***If more space is needed to fully answer or explain any of the above questions, please indicate so and attach papers to this form.***

Do your parents, guardian, grandparents or other relatives plan to contribute any financial support towards your education? \_\_\_\_\_

If so, how much? \_\_\_\_\_

Have you been employed? \_\_\_\_\_ Where? \_\_\_\_\_

How many hours weekly? \_\_\_\_\_

How much of your earnings do you plan to contribute towards your education?

\_\_\_\_\_

Do any of your earnings support household expenses? \_\_\_\_\_

Will you continue working while in school? \_\_\_\_\_

Please explain: \_\_\_\_\_

Will additional aid come from trusts, insurance policies, interest from stocks, Social Security, etc.? Please explain:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To the best of my knowledge, all the preceding information is considered to be accurate and true.**

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date