RHODE ISLAND MOBILE SPORTFISHERMEN
SOUTH COUNTY HIGH SCHOOL SCHOLARSHIP APPLICATION

Please check: General Award _____
Applicants Name _____
LAST FIRST MIDDLE
Mailing Address _____
STREET ATP. #
_____
CITY STATE ZIP CODE
Phone Number ( ) -_____-_____ E-Mail Address _____
Father's Information _____ ( ) -_____-_____
NAME PHONE
_____
FULL HOME ADDRESS
_____
OCCUPATION EMPLOYER
Mother's Information _____ ( ) -_____-_____
NAME PHONE
_____
FULL HOME ADDRESS
_____
OCCUPATION EMPLOYER

Name of High School Attending _____
Highest SAT: Verbal _____ Math _____ Writing _____
Highest ACT: English _____ Math_____ Reading _____ Writing _____ (if available)
School Accepted To _____Career You Plan to Pursue_____
EFC # _____ Expected Family Contribution from your Student Aid Report (SAR)
How many persons depend on family income? _____
How many siblings are in college now? _____
Extra Curricular Activities (High School Junior & Senior Years) (Use separate paper) _____
Community Service (High School Junior and Senior Years) (Use separate paper) _____
Applicant's Place of Employment _____Summer _____ All Year _____
Are there any unusual circumstances about which the committee should be informed? _____
_____

- Please submit at least two letters of recommendation from teachers or guidance counselors. (On school letterhead)

APPLICATION DEADLINE: Due to the guidance office by March 15, 2012.

Signature
I certify that the information provided on this application is complete and accurate to the best of my knowledge.

Applicant Signature _____ Date _____
Parent/Guardian _____ Date _____