



THE RHODE ISLAND FOUNDATION

Year 2010 Scholarship Application

Cataract Fire Company #2 Scholarship

The Cataract Fire Company #2 Scholarship was established to benefit high school seniors who are residents of Warwick and entering their first year of a two-year, four-year, or vocational/technical post-secondary institution.

Three scholarships of \$1,980 each were awarded in 2009.

SELECTION CRITERIA

In order to qualify as an applicant, you must meet the following criteria:

- A high school senior who is a Warwick resident and entering his/her first year of a two-year, four-year or vocational/technical post-secondary institution.
- Ability to demonstrate financial need.
- Students need not possess high academic excellence.

A COMPLETE APPLICATION INCLUDES:

- | | |
|--|--|
| <input type="checkbox"/> A completed application form | <input type="checkbox"/> One essay |
| <input type="checkbox"/> A copy of your financial aid award letter | <input type="checkbox"/> A copy of your final Student Aid Report |
| <input type="checkbox"/> Your official high school transcript | |

DEADLINE

Your application must arrive by **March 12, 2010**. All applicants are evaluated using the same essential information. Please answer all requested items. Incomplete applications cannot be considered—if information is missing, we will not be able to make accurate judgments. Grants will be made on an objective, non-discriminating basis.

Please mail your application and all required materials in ONE envelope to:

Interim Assistant to the Superintendent
Warwick Public Schools
34 Warwick Lake Avenue
Warwick, Rhode Island 02889

Questions? Contact Libby Monahan, Funds Administrator, at The Rhode Island Foundation via email (lmonahan@rifoundation.org) or phone (401) 427-4017.

Additional copies of the application may be obtained through your high school counselor or downloaded from either the Warwick School Department's website (www.warrickschools.org) or The Rhode Island Foundation's website (www.rifoundation.org).



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Cataract Fire Company #2 Scholarship

A. STUDENT INFORMATION

Name: _____
last/first/middle initial *gender*

Social Security Number: _____ Birth Date: _____
month/day/year

Permanent Address: _____
street

city/state/zip

Phone Number: _____ Email Address: _____

DEPENDENT STUDENTS:

Parent, stepparent or guardian A: _____
name *age* *state of legal residence*

Parent, stepparent or guardian B: _____
name *age* *state of legal residence*

INDEPENDENT STUDENTS:

Spouse: _____
name *age* *state of legal residence*

OPTIONAL:

The following information will be used for statistical purposes only and will not be used to judge your application. Please complete this information as thoroughly as possible.

Race/Ethnicity (check no more than two boxes):

- | | |
|---|--|
| <input type="checkbox"/> African/African-American _____ | <input type="checkbox"/> Native American _____ |
| <input type="checkbox"/> Asian/Asian-American _____ | <input type="checkbox"/> White/Caucasian _____ |
| <input type="checkbox"/> Latino/Chicano/Hispanic _____ | <input type="checkbox"/> Other _____ |

Are you married? Yes No

Will you be the first person in your family to graduate from college (excluding siblings)? Yes No

B. ACADEMIC INFORMATION

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Please attach an official copy of your high school transcript.

High School: _____
name & address *graduation date*

Post-secondary institution for which aid is requested: _____

Are you: Accepted / Enrolled / Awaiting a decision (*circle one*)

Enrollment status: Full-time / Part-time (*circle one*)

Housing status: On campus / Off campus / At home with family (*circle one*)

Intended field of study: _____

Degree sought: _____

C. STUDENT ACTIVITIES

Please attach a resume or a list of activities that you participate in including positions held, dates of participation, estimated time spent on each activity and any special honors received.

D. ESSAYS

Please tell us what you hope you will be doing in your professional life 10 years from now.
(300 word limit, double-spaced, typed)

E. FINANCIAL AID INFORMATION

Please attach the following documents (applications that do not contain these documents will not be considered by the selection committee):

1) A copy of your financial aid award letter from the college or institute of higher education you will be attending (if you are undecided, please send award letters from your top two choices).

2) A copy of your final Student Aid Report (SAR) -- not the application you submitted, but the returned report from the U.S. Dept. of Education.

Cost of education per year:

EXPENSES	Amount	Total
Tuition and Fees	\$ _____	
Room and Board	\$ _____	
Books and Supplies	\$ _____	
Transportation	\$ _____	
TOTAL EXPENSES		\$ _____ A

INCOME	Name of Grant or Scholarship	
Federal, State, and Other Awards (list loans and work study in Loan section below)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
College Grants and Scholarships (list loans and work study in Loan section below)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
TOTAL GRANTS AND SCHOLARSHIPS		\$ _____ B
Expected Family Contribution (EFC) from Student Aid Report (SAR)		\$ _____ C
TOTAL INCOME (Item B plus Item C)		\$ _____ D
Financial Need (Item A minus Item D)		\$ _____ E

LOANS AND WORK STUDY	Name of Source	
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
TOTAL LOANS AND WORK STUDY		\$ _____

INCOME AND ASSET DATA

I am classified as a **Dependent**

If your parents claim you as a tax exemption, have your parents complete the section below using information from their most recent IRS tax return. If you are married, check the independent box and provide information on both you and your spouse.

I am classified as **Independent**

If you are independent, information about you and your spouse (if applicable) must be included. You do not need to supply information from your parents. Figures should be taken from your most recent U.S. Income Tax Return. You are an independent student if you are 24 years of age or older. If you are under 24, you may claim independent status only if you have (1) served in the military, (2) are a ward of the courts, (3) are married and living away from your parents, or (4) have not been claimed by your parents for two consecutive years and have income of at least \$4,000 in each of those two years.

	Parent	Independent Student/Spouse
Adjusted gross income (annual, from U.S. income tax return)	\$ _____	\$ _____
Total U.S. income tax paid	\$ _____	\$ _____
Income earned (breakdown by parent)	\$ _____ Parent A	\$ _____
	\$ _____ Parent B	
Other income and benefits (Social Security, Family Independence Program, disability, child support)	\$ _____	\$ _____
Cash, savings, bonds, stocks, checking accounts, certificates of deposit (CDs), etc. (DO NOT LIST IRAs or pension accounts)	\$ _____	\$ _____
Net value of real estate holdings not used as primary residence	\$ _____	\$ _____

(For dependent students only):

Dependent student's earned income \$ _____
 Student's savings \$ _____

Total number family members: _____ Total number dependents: _____

Marital status (parents if dependent; self if independent): Married____ Single____ Divorced____ Widowed____

List all family members supported at least half-time by parents. Do NOT include yourself.

name/age	school/tuition	relationship to the applicant
name/age	school/tuition	relationship to the applicant
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F. ADDITIONAL INFORMATION

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SPECIAL CIRCUMSTANCES:

Do you have any unusual personal, financial or family circumstances that warrant special attention by the selection committee? Please be specific.

How did you hear about this award? _____

Are you related to a Warwick firefighter? Yes () No ()

If so, what is that relationship? _____

Have you applied for any other Rhode Island Foundation scholarships?

Yes No

Name of scholarship: _____

G. CERTIFICATION AND SIGNATURES

I (we) certify that the information on this form is true and complete to the best of my (our) knowledge. If asked by any authorized official of The Rhode Island Foundation, I (we) agree to give documentation for information given on this form. I (we) realize that failure to comply with a request for further information may prevent the applicant from receiving any aid. I also grant permission to The Rhode Island Foundation to use my photograph and/or selected quotes on their website and in future publications.

Applicant's signature

date

Parent signature (if applicant is dependent)

date

Send completed application and all required attachments together in **ONE ENVELOPE** by **March 12, 2010** to:

**Interim Assistant to the Superintendent
Warwick Public Schools
34 Warwick Lake Avenue
Warwick, RI 02889**

For questions concerning the application process or copies of the application, contact Libby Monahan at The Rhode Island Foundation via email (lmonahan@rifoundation.org) or phone (401) 427-4017. Additional copies of the application may be obtained through your high school counselor or downloaded from either the Warwick School Department's website (www.warwickschools.org) or The Rhode Island Foundation's website (www.rifoundation.org).

- Please do not staple application or attachments together.
- Financial information is confidential for review only by the members of the Advisory Committee and The Rhode Island Foundation.