



SCHOLARSHIP FOUNDATION of East Providence, Inc.

2024 - HIGH SCHOOL SENIOR SCHOLARSHIP APPLICATION

APPLICANTS MUST BE RESIDENTS OF EAST PROVIDENCE, R.I.

APPLICANTS ARE REQUIRED TO SUBMIT THE FOLLOWING:

1. A completed four-page SF Senior Application (white) The **last page** must be completed by your Guidance Counselor. Official high school transcript must accompany the application.
2. A completed SF Financial Aid Questionnaire (FAQ – pink)
3. A copy of the **2024 – 2025 FAFSA Acknowledgement – Student Aid Report (SAR)** which will be sent to you from the U.S. Dept. of Education, provided you have filed a Free Application for Federal Student Aid (FAFSA). Please submit *copies* of all pages sent to you of the Student Aid Report (SAR). Copies will not be returned. Pages MUST include your EFC. (Estimated Family Contribution)

***FAILURE TO PROVIDE ANY OF THE ABOVE INFORMATION BY THE DEADLINE
WILL RESULT IN THE TERMINATION OF THE REVIEWING PROCESS.**

CHECK ALL OF THE CATEGORIES THAT APPLY TO YOU:

<input type="checkbox"/> High School SENIOR	<u>Little League Participation</u>	<u>EPHS Band Member</u>	<u>Sports Participation</u>
<input type="checkbox"/> Male	<input type="checkbox"/> EP Central LL #yrs _____	<input type="checkbox"/> March #yrs _____	<input type="checkbox"/> Cross Country
<input type="checkbox"/> Female	<input type="checkbox"/> Riverside LL #yrs _____	<input type="checkbox"/> Concert #yrs _____	<input type="checkbox"/> Football
<input type="checkbox"/> Attended Martin M Sch. # of yrs. _____	<input type="checkbox"/> Rumford LL #yrs _____	<input type="checkbox"/> Stage/Jazz #yrs _____	<input type="checkbox"/> Track
<input type="checkbox"/> Attended Riverside M. Sch. # of yrs. _____			<input type="checkbox"/> Soccer

Student Programs

☐ Vocational Student (Program) _____

☐ Culinary Arts Student _____

I will attend...

☐ a 2 yr college/Tech school

☐ RISD (Architect or Engineer)

☐ Brown U (Architect or Engineer)

I have participated in the AYSO Soccer program in the following ways (ex. coach, player, etc.)

I have a Handicap... (Please explain) (Ex. Vision, Hearing, Physical)

☐ AYSO Soccer

☐ Wrestling

☐ Baseball

☐ Softball

☐ Tennis

☐ Volleyball

☐ Lacrosse

☐ Field Hockey

☐ Swim

☐ Basketball

☐ Other _____

I plan a Career in Healthcare as a

Elementary School(s) attended and yrs each:

I did/do Volunteer work (Explain)

I took part in SCHOLARSHIP FOUNDATION of East Prov. Activities (Explain)

Substance Abuse Prevention Activity:

I plan to major in one of the following areas:

<input type="checkbox"/> Architecture	<input type="checkbox"/> Educ., Elem	<input type="checkbox"/> Enviro. Studies	<input type="checkbox"/> Medicine	<input type="checkbox"/> Other _____
<input type="checkbox"/> Art	<input type="checkbox"/> Educ., Sec	<input type="checkbox"/> Interior Design	<input type="checkbox"/> Music	
<input type="checkbox"/> Business	<input type="checkbox"/> Educ., Phys.	<input type="checkbox"/> Hotel/Food Service	<input type="checkbox"/> Nursing	
<input type="checkbox"/> Computer	<input type="checkbox"/> Educ., Spec. Ed.	<input type="checkbox"/> Law/PreLaw	<input type="checkbox"/> Office Mang.	
<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Engineering	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Phys. Therapy	
<input type="checkbox"/> Culinary Arts	<input type="checkbox"/> English	<input type="checkbox"/> Library Science	<input type="checkbox"/> Secretarial Studies/ Mang.	

I hereby state that all of the above information is correct, and that I am a resident of the City of East Providence, RI.

(Applicant's Signature)

(High School attending)

(Parent's Signature)

Student Email:

Home Phone:

Date:

APPLICATION DEADLINE: MARCH 15, 2024

SAR – FAFSA DEADLINE: APRIL 15, 2024

East Prov. High students return this application to your Guidance Counselor. All others mail to the address on the right after your Guidance Counselor has completed the last page.

Mrs. Susan Jordan – SENIOR Scholarship Chairman

SF of East Providence

PO Box 15-4438

Riverside, RI 02915

schol.foundation.ep.suejordan@gmail.com

***Students must ensure that the application has been sent by the above deadline dates.**

APPLICANT DATA (Please Print)

Mr. _____
Ms. (Last Name) (First Name) (Initial) Social Security Number _____

Permanent Address _____
(Street) (City) (State) (Zip)

Date of Birth (Mo/Day/Yr) _____ Home Phone() _____ (Cell) () _____

Student's E-Mail Address _____

Name of Parent/Guardian _____ Parent Cell () _____

Parent Address if different from applicant _____
(Street) (City) (State) (Zip)

Parent(s) E-Mail Addresses _____

SCHOOL DATA (Please print)

High School Attending _____ Graduation Date: Mo. _____ Year _____

School Address _____ Tele. () _____

Guidance Counselor _____ E-Mail Address: _____

Name of High School Principal _____

Name of POST-SECONDARY School you want to attend: _____

ADDRESS _____
(Street) (City) (State) (Zip)

COST OF THIS COLLEGE PER YEAR: *Tuition:* \$ _____ *Room & Board:* \$ _____

CHECK ONE: ___ 4Yr. College/ University ___ Community College ___ Voc/Tech School ___ Other

Student will: ___ Live on campus ___ Commute, Live at home ___ Commute, Live off campus

Student will be enrolled: ___ Full-time ___ Half-time or more ___ Less than Half-time

Anticipated date of graduation from post-secondary program: (Month) _____ (Year) _____

MAJOR FIELD OF STUDY applicant plans to pursue _____

AMOUNT OF STUDENT AID still needed: \$ _____

OTHER AWARDS (Please Print)

Please list below, the name and amount of any grants or scholarships that you have been awarded for the coming post-secondary school year. (e.g. College, Pell, McDonald's, D.A.R., Recreation Dept.)

Name of Award	Amount	Granted	Pending

PERSONAL DATA (Please print)



Describe your work experience during the **past 4 years**. Indicate dates of employment in each job and approximate number of hours worked each week. List total amounts earned at each job.

<u>Position</u>	<u>Date from (mo/yr)</u>	<u>Date to (mo/yr)</u>	<u>Hours /week</u>	<u>Amount earned</u>

List all **SCHOLARSHIP Foundation of E.P. activities** in which you have participated during the **past 4 years**.

<u>Activity/Event</u>	<u>Year/Years</u>	<u>Work Performed</u>	<u># of Hours</u>

List all school activities in which you participated in the **past 4 years** (e.g. student government, music, sports, etc.) List all community activities in which you participated without pay during the **past 4 years** (e.g. Volunteer work, Church work.) Indicate any special awards, honors.

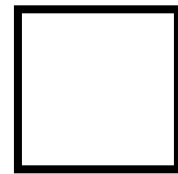
<u>Activity</u>	<u>Yrs.</u>	<u>Awards, Honors, Offices held</u>	<u>Activity</u>	<u>Yrs.</u>	<u>Awards, Honors, Offices held</u>

Make a statement of your plans as they relate to your educational and career objectives and future goals.

Please describe how and when any **unusual** personal or family circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

APPLICANT APPRAISAL – GUIDANCE (REQUIRED)

To be completed by a high school or college Counselor or Instructor.)



You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return to applicant or photocopy this section and return to applicant in a sealed envelope. **PLEASE CHECK ONE BOX PER STATEMENT.**

STATEMENT				
Applicant's choice of post-secondary education program is	<input type="checkbox"/> Extremely appropriate	<input type="checkbox"/> Very appropriate	<input type="checkbox"/> Moderately appropriate	<input type="checkbox"/> Inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant's ability to set realistic and attainable goals	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The quality of the applicant's commitment to school and community is	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant demonstrates good problem solving skills, follows through, and completes tasks	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant's respect for self and others is	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

COMMENTS: (Do not name Applicant!)

Appraiser's signature _____ Date _____ Title _____ Tele. _____

Appraiser's E-Mail _____

Appraiser's Business Address _____

TRANSCRIPT INFORMATION

1. High school seniors and students who have completed less than one full semester of post-secondary education must submit a high school transcript of grades and have the following section completed by the appropriate school official.
2. Students currently enrolled in college or vocational-tech school must include current college or voc-tech transcript of grades.

Applicant ranks _____ in a class of _____. Cumulative grade point average based on 100%. _____

PSAT Reading _____ Math _____ SAT Reading _____ SAT Math _____

School Official's Signature _____ Date _____ Title _____ Tele: _____

School Official's E-Mail _____

APPLICATION CHECKLIST

This application for student aid becomes complete and valid only when you have returned the following materials by the deadline date. (Two first class stamps are required for mailing.)

- ☐ Completed application ☐ All required signatures ☐ Pink Financial Aid Questionnaire (FAQ)
☐ Current transcript of grades ☐ FAFSA's Student Aid Report (SAR) showing your EFC (Estimated Family Contribution)

Return application by **MARCH 15, 2024** to:

SCHOLARSHIP FOUNDATION of East Providence, Inc.

Susan Jordan, Senior Awards Chairman

P.O. Box 15-4438

Riverside, RI 02915

schol.foundation.ep.suejordan@gmail.com

www.sfofepri.org