



Scholarship Foundation of East Providence *Enrolled Student Application* (For full-time college students)

TO THE APPLICANT:

Thank you for requesting an enrolled application. As the process of judging the applications and awarding scholarships proceeds, please be aware of the following information:

1. **PLEASE BE SURE YOUR APPLICATION IS NEAT AND LEGIBLE. TAKE THE TIME TO COMPLETE EACH SECTION.**
 - a.) You may type and then print copies to submit.
 - b.) You may print the pages of the application and then hand-print the required information.
2. **SF of EP** makes every effort to judge each application anonymously. The people who are scoring your application do not know who you are. That is why there is an application ID # assigned to each page. We will assign you an ID #.
3. While we do weigh many factors, your success as a scholar is an important consideration.
4. We cannot provide every applicant with a scholarship. Each year, more people apply than we can accommodate and some applicants do not qualify for an award.
5. Some awards are specifically designed to meet specific criteria set by a donor, ie. certain high school or particular major.
6. Participation in **SF of EP** and related activities is a consideration.
7. **YOU ARE RESPONSIBLE FOR SEEING THAT ALL SUPPORT DOCUMENTS ARE SUBMITTED. If you have requested someone other than yourself to send transcripts and/or FAFSA, it is best to check with us to make sure we have received it. SF OF EP** reserves the right to process only applications found to be complete as of the application postmark deadline.
8. Please note that if you are selected to receive a scholarship from **SF of EP**, the scholarship check must be cashed within 90 days of receipt. After this time, it will be null and void.
9. Everyone will be notified by letter, by the last week in June, as to whether or not you have received a scholarship.

REMEMBER, your application will be considered if postmarked by April 1, 2024. If it does not include the transcript and the Student Aid Report (SAR) it will not be considered complete.

**SCHOLARSHIP FOUNDATION OF EAST
PROVIDENCE, INC. 2024/2025 SCHOLARSHIP
APPLICATION
FOR STUDENTS ALREADY ATTENDING COLLEGE
DEADLINE: **Monday, April 1, 2024****

APPLICANT REQUIREMENTS:

You must be a resident of the City of East Providence, Rhode Island. For the 2024/2025 school year, you must be enrolled as a full-time student in a post-secondary school as a sophomore, junior or senior.

This application for student aid becomes complete and valid only when the following have been submitted. Failure to provide any of the information requested below by the deadline date will result in termination of the reviewing process. **PLEASE CHECK OFF THAT YOU HAVE INCLUDED THE FOLLOWING TO ENSURE APPLICATION IS COMPLETE:**

___ This entire completed and signed application including essay.

___ **OFFICIAL TRANSCRIPT** from your college. The transcript can be sent directly from your college to **SF of EP**. If you pick up your transcript, it must be submitted to **SF of EP** in a sealed envelope. **DO NOT OPEN**. Please order your transcript early enough for it to be included with this application.

___ A completed Financial Assistance Questionnaire (FAQ) - copy attached

___ **ALL PAGES** of your 2023/2024 **STUDENT AID REPORT (SAR)**
(BY MAIL, NO EMAIL PLEASE)

PLEASE MAKE SURE IT INCLUDES THE EFC FIGURE (Estimated Family Contribution)

Return this application BY POSTMARK DATE: Friday, April 1, 2024 TO:

**Enrolled Scholarship Chair
Scholarship Foundation of East Providence, Inc.
P.O. Box 154438
East Providence, RI 02915**

Any questions contact: Debbie D'Arezzo

email: debadarezzo@gmail.com

DO NOT IDENTIFY YOURSELF ON PAGES 4 and 5

YOU ARE ADVISED TO FILE AS SOON AS YOU RECEIVE THE APPLICATION!

NAME _____
(Last) (First) (MI)

SOCIAL SECURITY NUMBER _____
(MUST BE FILLED IN. IF YOU RECEIVE A SCHOLARSHIP, THIS INFO IS NEEDED. BE ASSURED
WE GUARD YOUR INFORMATION AND ALL IS SHREDDED AFTER THE SELECTION PROCESS)

DATE OF BIRTH _____ MARITAL STATUS _____
(Month-Day-Year)

NAME OF SPOUSE _____ NUMBER OF CHILDREN _____
(if applicable) (if applicable)

PERMANENT ADDRESS _____
(NO P.O. BOX) (Street)

(City) (State) (Zip)

APPLICANT'S APPLICANT'S
TELEPHONE # _____ E-MAIL ADDRESS _____

PARENT'S PARENT'S
TELEPHONE # _____ E-MAIL ADDRESS _____

PLEASE CHOOSE ONE:

(You are not eligible if you are a fifth-year student or a grad student)

In September 2024, I will be a: SOPHOMORE _____ JUNIOR _____ SENIOR _____

I WILL BE MAJORING IN: _____

COLLEGE ATTENDING: _____

PLEASE BE SURE TO COMPLETE THE FOLLOWING:

Total number of children in family (including yourself) who will be attending college in 2024/2025 _____

Are you receiving financial aid? Yes _____ No _____

CERTIFICATION: In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge and that I am a resident of East Providence, RI. I understand that falsification of information may result in the termination of any scholarship granted.

APPLICANT'S SIGNATURE _____ DATE _____

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____

PARENT/GUARDIAN'S PRINTED NAME _____

WORK HISTORY DURING YOUR COLLEGE YEARS (DO NOT IDENTIFY YOURSELF)

Describe your work experience during **YOUR COLLEGE YEARS**. Indicate dates of employment for each job (month and year) and the approximate number of hours worked each week. Please be as specific as possible in the space provided.

Employer _____ Date Started _____ Date Left _____
Job Title/Description _____
Hours Per Week _____ Reason for Leaving _____

Employer _____ Date Started _____ Date Left _____
Job Title/Description _____
Hours Per Week _____ Reason for Leaving _____

Employer _____ Date Started _____ Date Left _____
Job Title/Description _____
Hours Per Week _____ Reason for Leaving _____

Employer _____ Date Started _____ Date Left _____
Job Title/Description _____
Hours Per Week _____ Reason for Leaving _____

Comments _____

COMMUNITY/SCHOOL ACTIVITIES AND HONORS **DURING THE 2022-2023 YEAR** **DO NOT IDENTIFY YOURSELF**

List all school activities, clubs, sports, etc. in which you have participated during the **PAST YEAR**. List all community activities in which you have participated without pay during the **PAST YEAR**. (worth 20 points)

ACTIVITY

POSITION HELD/COMMENTS

HONORS RECEIVED FROM ABOVE ACTIVITIES

I participated in the SF of EP Phone-A-Thon. YES _____ NO _____ YEAR _____
I helped at the SF of EP Holiday Breakfast. YES _____ NO _____ YEAR _____

APPLICANT ID# _____

PERSONAL ESSAY

(DO NOT IDENTIFY YOURSELF)

Please make a statement of your plans as they relate to your educational and career objectives as well as your future goals. Please be specific.

PERSONAL CONSIDERATION

Please indicate any unusual personal or family circumstances which you feel may have impacted on your ability to perform or participate in college and indicate how these factors have limited you.

RELATED CRITERIA

Most **SF of EP** awards are general, but some are designed with specific criteria that a candidate must meet. To help match these awards with potential winners, please check all of the following categories that apply to you:

- ☐ I am an East Providence High School Graduate
☐ No, I am not a graduate of EPHS. I graduated from: _____
☐ I attended the East Providence Career and Technical Center _____ Auto Mechanics; _____ Name other classes
☐ I participated in one of the EPHS Chorus Programs
☐ I participated in Little League: Central _____ Riverside _____ Rumford _____
☐ I plan to major in one of the following areas:

<input type="checkbox"/> Art	<input type="checkbox"/> Healthcare (geriatrics or occupational therapy)
<input type="checkbox"/> Business/Secretarial	<input type="checkbox"/> Music (major or minor)
<input type="checkbox"/> Education (specify)	<input type="checkbox"/> Public Service (government, social service,
<input type="checkbox"/> Engineering	human resources, healthcare, education, law or
	other people-oriented professions)

PLEASE FILL IN ONLY IF YOU ATTENDED A **PUBLIC SCHOOL** IN EAST PROVIDENCE:

I attended _____ Elementary School. (Number of years _____)

I attended _____ Middle School. (Number of years _____)

Please return 1 copy of your completed application and make 1 copy for yourself.

Must be postmarked by April 1, 2024