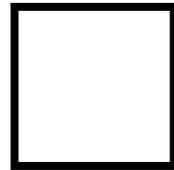




SCHOLARSHIP FOUNDATION of East Providence, Inc.



2026 - HIGH SCHOOL SENIOR SCHOLARSHIP APPLICATION

APPLICANTS MUST BE RESIDENTS OF EAST PROVIDENCE, R.I. planning Full Time enrollment in 2026-2027. 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 2026 - 2027 FAFSA Acknowledgement - Student Aid Report (SAR) which will be sent to you from the U.S. Dept. of Education...

\*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:

High School SENIOR, Male, Female, Attended Martin M Sch. # of yrs., Attended Riverside M. Sch. # of yrs., Little League Participation, EPHS Band Member, Sports Participation

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)

Other College

AYSO Soccer, Wrestling, Baseball, Softball, Tennis, Volleyball, Lacrosse, Field Hockey, Swim, Basketball, Other

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)

I plan a Career in Healthcare as a

Substance Abuse Prevention Activity:

Elementary School(s) attended and yrs each:

I did/do Volunteer work (Explain)

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

I plan to major in one of the following areas:

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

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 20, 2026

SAR - FAFSA DEADLINE: APRIL 15, 2026

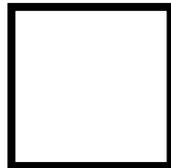
East Prov. High students return this application to your Guidance Counselor. All others mail to the address on the right after your Guidance Counselor has completed the last page.

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 \_\_\_\_\_

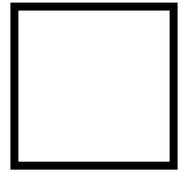
**AMOUNT OF STUDENT AID still needed:** \$ \_\_\_\_\_

**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.)

<u>Name of Award</u>	<u>Amount</u>	<u>Granted</u>	<u>Pending</u>

**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.

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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.

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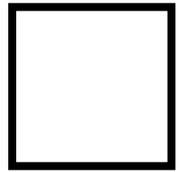
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# APPLICANT APPRAISAL - GUIDANCE (REQUIRED)

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     FSA's 2025-2026 Student Aid Index(SAI) showing your name and estimated Student Aid Index

Return application by **MARCH 20, 2026** to:

SCHOLARSHIP FOUNDATION of East Providence, Inc.

Susan Jordan, Senior Awards Chairman

P.O. Box 15-4438

[schol.foundation.ep.suejordan@gmail.com](mailto:schol.foundation.ep.suejordan@gmail.com)

[www.sfofepri.org](http://www.sfofepri.org)

Riverside, RI 02915