



**FALL
RIVER**

Scholarship Foundation

The mission of the Fall River Scholarship Foundation is to provide the financial resources for students attending a college of their choice. Scholarships are available to all deserving students in any of their four years of higher education.

The Foundation recognizes a genuine need of all Fall River students who are about to attend or who are currently enrolled in a college degree program.

Scholarships are awarded based on need, academic standing and the student's ability to express career objectives in an essay.

The Foundation is comprised of distinguished individuals from Fall River business and professional communities. Most of these dedicated volunteers have served on scholarship committees in the past.

The Foundation derives its finances from personal donations, corporate gifts and several fund raising events.

2009 SCHOLARSHIP APPLICATION

Please Note: All requested is **Important and Necessary!** Complete application in full before returning. Please type or print all information except signatures. Incomplete applications will result in ineligibility. Please return completed application to: Fall River Scholarship Foundation, PO Box 1721, Fall River, MA 02722, before April 1, 2009.

APPLICANT INFORMATION

Student Name _____
LAST FIRST MIDDLE INITIAL

Permanent Mailing Address _____
STREET APT. NO.

City _____ State _____ Zip _____

Day Phone (_____) _____ Night Phone (_____) _____

Birth Date ____/____/____ Age on 9/09 _____ Student Social Sec. # _____

Name of Parent/Guardian _____

Name and Address of Parent/Guardian's Employer

Mother _____

Father _____

HIGH SCHOOL INFORMATION

School Name _____ Graduation Date _____
MONTH YEAR

Street _____

City _____ State _____ Zip _____

Principal _____ School Phone (_____) _____

FALL 2009 SCHOOL PLANS

School I plan to attend: (If school is not chosen at this time, please list schools to which application has been made.)

School _____ City _____ State _____

School _____ City _____ State _____

School I will attend is: 4-Yr. Coll./Univ. 2-Yr. Community/Jr. College
 Vocational/Technical School Other

Circle undergraduate level for Fall 2009:
1 2 3 4 Post Grad

Major or course of study is: _____ Anticipated date of graduation _____
MONTH YEAR

EMPLOYMENT EXPERIENCE

List your employment experience during the past four years, beginning with the most recent. Use additional sheet if needed with the same column heads as below.

COMPANY NAME	TYPE OF EMPLOYMENT	CAREER RELATED?		FAMILY OWNED?		EMPLOYMENT INFORMATION		
						DATES: FROM-TO	# MONTHS/YRS	# HOURS/WEEK
		YES	NO	YES	NO			
		YES	NO	YES	NO			
		YES	NO	YES	NO			
		YES	NO	YES	NO			
		YES	NO	YES	NO			

EXTRACURRICULAR ACTIVITIES

List *all* school and community activities you have participated in during the last four years. Explain purpose of the activity and identify type of activity as community, volunteer sports, career-related, scholastic club, 4H, FHA, political, scouts, art, music, sorority/fraternity (type?), debate, drama, religion, science, hobby, etc. Use additional sheet if needed with the same column heads as below.

ORGANIZATION	PURPOSE	TYPE OF ACTIVITY	DATES INVOLVED	# OF YEARS

PERSONAL STATEMENT

Explain your personal goals for the future and any unusual family or personal circumstances that have affected you.

OTHER SCHOLARSHIPS

Please list below the name and amount of any grants or scholarships that you have been awarded for the coming school year.

Name of Award	Amount	Granted	Pending

OUTSIDE REFERENCE(S)

Have the applicant request the following information from a *high school or college counselor, advisor, teacher, professional person, or supervisor*. **Note to persons providing references:** On a separate 8½ x 11" sheet or letterhead, please evaluate the applicant's choice of post-secondary education program, how applicant's achievements reflect his or her ability, and the applicant's commitment to family, school, and community. Please include how long, and in what capacity, you have known the applicant.

Reference's Name _____ Title _____

Street Address _____

City _____ State _____ Zip _____

FINANCIAL INFORMATION

If you have been notified, what is the breakdown of the financial package offered by the college of your choice?

1. Name of college _____

2. Total Financial Package _____

2. Grant and Scholarship Awards _____

3. Student Loans _____

PLEASE COMPLETE THE FINANCIAL ASSISTANCE QUESTIONNAIRE

TRANSCRIPT INFORMATION

1. **High school seniors and students who have completed less than one full semester** of post-secondary education must include a high school transcript of grades and have the following completed by the appropriate school official.
2. **Students currently enrolled in college or vocational-technical school** must include most recent college or vo-tech transcript of grades. (Completion of the following section is not necessary).

Applicant ranks _____ in a class of _____ Cumulative grade point average _____

PSAT Verbal _____ Math _____ SAT Verbal _____ Math _____

I certify this data is from a current and official transcript.

School Official's Signature

Date

Title

Telephone Number

School Official's Address (Street)

(City)

(State)

(Zip)

CERTIFICATION

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification may result in termination of any scholarship granted.

Signature _____ Date _____

