



CENTRAL HIGH SCHOOL ALUMNI ASSOCIATION PROVIDENCE SCHOLARSHIP APPLICATION 2018

Biographical Data

Please fill in all the blanks

1 Last Name: _____ Middle: _____ First Name: _____

2 Current Address

Street: _____

City: _____ State: _____ Zip: _____

3 Daytime Telephone Number: (____) _____

Email Address: _____ Alternative email address: _____

4 Date of Birth: _____ Gender: M ____ F ____

Educational Background

5 Cumulative Grade Point Average (GPA): _____ Class Rank: _____

Attach proof of GPA. Your most recent school transcript is required.

6 Are you the first person in your family to go to college: YES ____ NO ____

Do you plan to attend full-time as a matriculating student? YES ____ NO ____

7 A. If you have decided on what college you will attend, please list the name: _____

B. If not, list your top 3 college choices:

C. What is your intended major: _____

Relevant Activities/Awards

(attach a separate sheet if needed for any questions)

8 A. Employment history - List your most recent job and length of employment: _____

B. List any academic honors, awards and membership activities while in high school: _____

C. List your hobbies, outside interests, extracurricular activities and school related volunteer activities:

D. List your non-school sponsored volunteer activities in the community:

Financial Information

9 Indicate your SEI (Student Eligibility Index) from the FAFSA _____, or list Family Gross Annual Income

from your 2017 Income Tax Form 1040 Line #22: \$ _____

(If selected, recipients may be asked to verify annual household income by supplying pg.1 of their FAFSA Eligibility report or IRS Income Tax Form)

CHSAAP SCHOLARSHIP APPLICATION 2018

Name & address of parent(s) or legal guardian(s):

10 Name(s): _____
Street: _____
City: _____ State: _____ Zip: _____
Telephone of parent(s) or legal guardian(s): (____) _____

11 On a separate sheet please write an essay (250 - 500 words) answering the points listed on the essay guidelines:
Please tell us about your future plans. Refer to Essay Guidelines for greater details.

STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the Association's scholarship program. (Winner may waive photo due to personal or compelling circumstances.)

Signature of scholarship applicant: _____ Date: _____

Checklist

___ Application ___ Two letters of Recommendation ___ Essay ___ School Transcripts

Do not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

MAIL COMPLETE APPLICATION PACKAGE TO THE CHSAAP AT:

CHSAAP Scholarship Committee
70 Fricker Street
Providence, RI 02903

REMINDER:

The deadline for this application to be received is:
MARCH 2, 2018, 5:00 p.m. NO EXCEPTIONS!

For Scholarship Committee use only:

Date application was received: _____ Initials: _____

Application complete: Y/N Missing Documentation: _____

Sent to Selection Committee: _____ Rank: _____