

Central High School Alumni Association Providence Scholarship Application

SCHOLARSHIP APPLICATION 2019

<u>Biographical Data</u>	
Please fill in all the blanks	
1.	Last Name: _____ Middle Name: _____ 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
<u>Educational Background</u>	
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 matriculate 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: _____
<u>Relevant Activities/Awards</u>	
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: _____
<u>Financial Information</u>	
9.	Indicate your SEI (Student Eligibility Index) from the FAFSA _____, or list Family Gross Annual Income from your 2018 Income Tax Form 1040 Line #22: \$ _____ <i>(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)</i>

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10.	Name & address of parent(s) or legal guardian(s): 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 questions below: 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:
 May 1, 2019, 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:** _____