## Pt. Judith Fisherman's Scholarship Fund, Inc.

## APPLICATION

# DEADLINE FOR COMPLETED APPLICATION FORM IS: APRIL 12, 2024

THERE ARE NO EXCEPTIONS TO THIS DEADLINE

Please mail completed form to:

PO Box 386

Narragansett, RI 02882

Postmarked no later than 04/12/2024

#### INCLUDE CURRENT TRANSCRIPT

Letters of recommendation may accompany this application.

Notice to previous recipients: You may reapply for this scholarship and will be considered

equally with all applicants. Please indicate your student ID number.

Please be sure to **SIGN** and **DATE** application. Incomplete applications will not be considered.

Remember: Seafood is brain food!!!

February 15, 2024

### Point Judith Fisherman's Scholarship Application

AWARD TO BE DEPOSITED WITH THE BURSAR UPON CONFIRMATION

#### OF SECOND SEMESTER ENROLLMENT

ELIGIBILITY: Recipients will be selected from graduating High School seniors and others who desire to further their education. You must reside in the South Kingstown-Narragansett area OR be a dependent of someone who derives 75% of their income directly or indirectly, from commercial fishing in Point Judith, Rhode Island.

ONLY APPLICATIONS THAT ARE NEATLY AND THOROUGHLY COMPLETED WILL BE CONSIDERED. INCOMPLETE AND LATE APPLICATIONS WILL NOT BE REVIEWED BY THE COMMITTEE.

Characteristic and Characteristic	Date of Birth
Home address:	
Telephone #:	E-Mail address:
Social Security or Student ID#:	
	PARENT'S STATUS
This section to be	e completed by parent or guardian.
Fathe's name:	Occupation:
Address:	Annual Income:
Mother's name	Occupation:
Address:	Annual Income:
	olished for education?
Are you eligible for or drawing Social Secu	rity benefits?
If soMonthly amount:	Time limit:
If soMonthly amount:	
If soMonthly amount: Number of children in family:	Time limit:
If soMonthly amount: Number of children in family:	Time limit:Number of children living at home: Grade school:College:
If soMonthly amount:  Number of children in family:  Broithers and sisters in High School:  Do you own or rent your home?	Time limit:Number of children living at home: Grade school:College:
If soMonthly amount:  Number of children in family:  Broithers and sisters in High School:  Do you own or rent your home?  DOES THE APPLICANT HAVE A CONNECTION	Time limit:Number of children living at home:Grade school:College:
If soMonthly amount:  Number of children in family:  Broithers and sisters in High School:  Do you own or rent your home?  DOES THE APPLICANT HAVE A CONNECTION  Explain:	Time limit:Number of children living at home: Grade school:College: ON WITH COMMERCIAL FISHING IN PT. JUDITH, RI.?

## APPLICANT'S STATUS

This section to be completed by applicant.

Have you received this scholarship before?		
Please list your High School activities.		
Please list your activities or interests outside of school.		
Where do you plan to enroll in September?  Have you received formal acceptance from the school?		
Have you received formal acceptance from the school?		
Estimate college expenses: Tuition: Room & Board Books: Total estimated expenses:		
What course of study do you plan to take?		
What are your career goals after graduation?		
What scholarships or financial aid have you applied for?		
Have you been notified that you will be receiving any financial aid?  Please list amounts:		
Describe your financial aid package:		
Are any other family members receiving scholarship aid?		

If more space is required to fully answer or explain any of the above questions, please indicate so and attach papers to this form.

Do your parents, guardian, grandparents or other relatives plan to contribute any financial support towards your education?
If so, how much?
Have you been employed?Where?
How many hours weekly?
How much of your earnings do you plan to contribute towards your education?
Do any of your earnings support household expenses?
Will you continue working while in school?
Please explain:
Will additional aid come from trusts, insurance policies, interest from stocks, Social Security, etc.? Please explain:
Additional information you or your parents may wish to add that has not been covered by the preceding questions; i.e. excessive medical or dental bills, disabilities etc.
To the best of my knowledge, all the preceding information is considered to be accurate and true.
Signature of Applicant

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