

RAVENS ROOST # 35 Scholarship Application

DATE _____

PERSONAL INFORMATION

NAME _____ DATE OF BIRTH _____
FIRST M.I. LAST MONTH DAY YEAR

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE # () _____ HIGH E-MAIL: _____

SCHOOL _____ GRADUATION DATE _____
(OPTIONAL)

FAMILY INFORMATION

PARENT/GUARDIAN NAME(S) _____

ADDRESS (if different than Student) _____
Street City State

PARENTS: (CHECK ALL THAT APPLY) Both Living _____ Father Deceased _____
Mother Deceased _____ Married _____ Divorced _____ Separated _____

NUMBER OF FAMILY MEMBERS IN HOUSEHOLD _____ Brothers _____ Sisters _____ Other _____

NUMBER OF FAMILY MEMBERS CURRENTLY ENROLLED IN COLLEGE: _____

FATHER MOTHER GUARDIAN

PARENT'S OCCUPATION _____

FINANCIAL INFORMATION

DID YOU FILE THE *Free Application for Federal Student Aid (FAFSA)*? (Yes/No) _____

TOTAL HOUSEHOLD INCOME * \$ _____

***Please provide copies of all 2018 W-2s for the student and parents or legal guardian. Do not provide the complete IRS-1040 Tax Report.**

HIGHER EDUCATION INTERESTS

NAME AND ADDRESS OF SCHOOLS APPLIED TO:

Name of School	Address (City, State)	Application Submitted? (Yes/No)	Acceptance Received? (Yes/No)*

* Provide a copy of the Letter of Acceptance

PROPOSED MAJOR SUBJECT/FIELD OF STUDY? _____

WHAT IS YOUR CAREER OBJECTIVE? _____

SCHOLASTIC and COMMUNITY INVOLVEMENT

LIST SCHOOL-RELATED EXTRACURRICULAR ACTIVITIES [Identify year(s), name of the activity, leadership position served; provide a Continuation Page, if necessary]

LIST COMMUNITY ACTIVITIES [Identify year(s), name of the activity, leadership position served; provide a Continuation Page, if necessary]
