

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 # _____ E-MAIL ADDRESS _____
HIGH SCHOOL _____

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

Student's Last Name _____
Last 4 Digits of SSN — _____

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

TOTAL HOUSEHOLD INCOME * \$ _____

***Please provide copies of all 2019 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]

Student's Last Name _____

Last 4 Digits of SSN — _____

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

AWARDS and HONORS

LIST AWARDS and HONORS received [Identify year(s), name of the award or honor, and explain the achievement; provide a Continuation Page, if necessary]

PERSONAL STATEMENT

Briefly explain how this scholarship will assist your academic and career goals. **Attach your typed statement on a separate page.**

I fully understand the Eligibility Criteria and application procedures and confirm that the information I have supplied is true and correct.

Signature of Student Applicant

Date

Signature of Parent or Legal Guardian

Date

Return Application Package to:
Ravens Roost # 35

ATTN: Scholarship Committee
P.O. Box 3628
Annapolis, Maryland
21403

Checklist of Required Documents:
___ Completed and Signed Application
(3 pages)
___ Current Academic Transcript
___ Copy of Letters of Acceptance from
Colleges
___ Copy of 2019 Form W-2s (Parents)
___ Personal References (2)
___ Personal Statement Essay

All documents must be received by Wednesday April 1, 2020. A confirmation e-mail will be returned to acknowledge receipt of your application package.