## Washington County Pomona Grange #2 Scholarship

<u>Two</u> scholarships for \$500.00 each will be awarded to a High School senior who lives or attends a high school in Washington County.

Applicants for the awards must meet the requirements listed below. Applicants must complete this form and return it no later than April 26<sup>th</sup> to the scholarship chairwoman.

Kristine Bell 26 Honey Locust Drive Charlestown, RI 02813

## **Requirements:**

- 1. High School Senior who will pursue post-secondary education.
- 2. Demonstrate need for financial aid.
- 3. Acceptance by or attending an accredited, post high school educational institution.
- 4. An official High School transcript.

PPLICANTS NAME		
TELEPHONE		
HOME ADDRESS		
NAME OF SCHO	OL YOU PRESENTLY ATTEND	
	UATION	
APPLICANTS FA	AMILY	
1.	Father's Name	
	Living?	
	Occupation	
	Employer	
	Address of employer	
2.	Mother's Name	
	Living?	
	Occupation	
	Employer	<u></u>
	Address of Employer	

G	uardian's Name (If other than Above)
3.	List all of your parents dependents/or your dependents if applicable:
4.	Are you currently employed Employer Name and Address
	University, College or School you plan to attend
	Address
	Have you been Accepted?
	Course No. of Years Certificate
	Degree Certificate
	Do you plan to live away from home?
	On Campus Off Campus  Do you plan to commute from Home to School?

## List school and community activities in which you have participated: (add additional sheets if necessary)

	Offices or Activities	Dates
Financial Statement		
1. School Expenses for r	next year \$	
2. Applicants Resource Waivers, grants; Plea	s to meet expenses including Tuit ase Explain \$	
•	during this past year to help earı	•
4. List other scholarshi	ps won or applied for: Amo	ounts

Please explain your need for financial assistance below and on the back if needed (if needed use this page to furnish any other information from which there was little room in the previous areas)