



IYRS Scholarship Application Form

Student Name:

Today's Date:

Program Name:

Program Start Date:

After the conclusion of the first term of the program, applications will only be accepted in the case of an unforeseen financial emergency and on a case-by-case basis.

Required Documents for Scholarship Application

1. IYRS Scholarship Application Form
2. To be considered for need-based scholarship funds, a student also must complete the Free Application for Federal Student Aid (FAFSA), completed on-line, www.fafsa.ed.gov, include IYRS school code #037323. A report will automatically be sent to IYRS and you.

Note: If you are younger than 24 years of age, you are considered a dependent student and a member of your parents' household for purposes of applying for financial aid. Therefore, you are required to include your parents' financial information in your scholarship application, unless you document financial independence.

Your application must be complete in order for it to be processed.

Are you a resident of Rhode Island?

Yes No

Resources while in school:

Do you expect to have regular support from other members of your household, family members or outside sources during school? Yes No

Please explain:

You may type your answers on a separate sheet.

1. How will you be financing your IYRS education (e.g., savings, loans, working, resources from family)? Please clearly describe any unique financial circumstances that would help to show your ability to benefit from this scholarship.

2. **Background**– Please share information about your prior education and experience and some of the reasons you chose IYRS.

3. What are your career goals and how does an IYRS education fit into them?

4. Is there any other information that we should know about you? This is your opportunity to include information that is not contained in other areas of this application and your admissions application. Please be specific.

CERTIFICATION AND SIGNATURES

I, (we) certify that the information on these forms is true and complete to the best of my (our) knowledge. I, (we) understand that all information will be considered confidential, for review by IYRS and the members of the Advisory Committee only. I, (we) shall provide, on request any information required to verify statements made above. I, (we) realize that if the information on this form is not complete and accurate my eligibility will be lost.

Applicant's signature

Applicant's name (print)

Date

Parent's signature (if applicant is dependent)

Parent's name (print)

Date

Please return this application to: IYRS Student Services, 449 Thames Street, Newport, RI 02840.
Fax 401-842-0669

Questions? Contact Jill Dubnansky in Student Services at 401-848-5777 ext. 223 or email at jdubnansky@iyrs.edu. *Thank you.*