

TRI-TIOWN ROTARY— HARLAN STONE MEMORIAL SCHOLARSHIP
(Hanover, Norwell and Pembroke)

APPLICATION FORM

Note: Candidates for the scholarship are requested to provide all information requested. Information remains confidentially and subject to review by the appropriate decision Board. Awards are on the basis of ability to succeed in the future education, business plans the candidate may have, financial need, and past educational performance. Scholarships are granted to deserving high school students from or residing in the Towns of Hanover, Norwell and Pembroke. Applications can be dropped off in the Guidance office or mailed to John McCarthy 440 Broadway Hanover, MA 02339 (617-347-0933) or David F. DeCoste Box 687 Norwell MA 02061 (617-519-7403)

Date: _____ Are you applying for the Vo-Tech tool scholarship Yes/No

Student Name: _____

Address: _____

High School: _____

Date of Anticipated Graduation: _____

Scholastic Aptitude Test:	_____	_____
	(Score)	(Date taken)

Class Ranking (if known or available):	_____	_____
	(Rank)	(Class Size)

Grade Point Average (latest available): _____

Extracurricular Activities:

_____ (Activity)	_____ (Year)
_____ (Activity)	_____ (Year)
_____ (Activity)	_____ (Year)
_____ (Activity)	_____ (Year)

(USE SEPARATE 8 1/2x 11 SHEET IF ADDITIONAL SPACE IS NEEDED)
Employment (while attending high school):

_____ (Business/Position)	_____ (Date)
_____ (Business/Position)	_____ (Date)
_____ (Business/Position)	_____ (Date)
_____ (Business/Position)	_____ (Date)

College(s) applied to:
(and annual tuition not including room and board)

_____ (College/Program of Study)	_____ (Tuition)
_____ (College/Program of Study)	_____ (Tuition)
_____ (College/Program of Study)	_____ (Tuition)
_____ (College/Program of Study)	_____ (Tuition)

College(s) Accepted:
(letter of acceptance has been received)

Actual Financial Aid Obtained to Date:
(Including grants, low interest state and federal loans and scholarships)

_____ (Source)	_____ (Amount)
_____ (Source)	_____ (Amount)
_____ (Source)	_____ (Amount)
_____ (Source)	_____ (Amount)
_____ (Source)	_____ (Amount)

Please use the space provided below to describe the reason(s) why you seek a scholarship from the Tri-Town Rotary Scholarship Fund.

Please use the space provided below to give any additional information about yourself, which you believe, would assist the scholarship committee in making a determination regarding your qualifications.

Please request you guidance office to attach a complete copy of your high school grade record, SAT score sheet, current grades and school performance records to this application.

Date

Candidate's signature

PART 11 PARENTS / GUARDIANS' INFORMATION SECTION

Note: The parents or legal guardians of the applicant are required to complete and sign the following section of the candidate's application. This information is necessary in order to make a fair and impartial decision regarding apparent needs and abilities of the applicant for potential scholarship funding. All information and data provided will be treated confidentially and shall be subject to review only by the appropriate decision board. Such information will not be released to any other party or source.

Candidate's Name: _____

Address: _____

Parent/Guardian

Name and Address: _____

Father Occupation: _____

Mother Occupation: _____

Number of Dependent
Children:

Number

Ages

(Only those residing at home)

Number of Dependent
Children Attending
College or Higher
Education:

Number

Where attending

Father Gross Reported Income for
(from all 2023 W-2/1099 Misc.)

\$ _____

Mother Gross Reported Income for
(from all 2023 W-2/1099 Misc.)

\$ _____

Do you own your home? Yes _____ No _____

Date Home Purchased: _____

Do you own real property other than your home? Yes _____ No _____

Do you rent property to anyone? Yes _____ No _____

Does the applicant student have any trust or savings account dedicated for anticipated college expenses? Yes _____ No _____

Amount of such student trust or account: \$ _____

Is any other person or organization expected to pay any portion of the student's tuition and/or room and board while attending school? Yes _____ No _____

If the answer is yes please list the names and organizations:

Any other pertinent information or documentation which you feel the scholarship committee should be made aware of regarding the particular needs and/or abilities of the student applicant and his/her family circumstances:

Failure to complete and submit the attached form will prevent the scholarship committee from being able to appropriately consider the qualifications and needs of the applicant student for the Harlan Stone Scholarship.

It is understood that such information provided above will be confidential in nature and solely used for the purpose of determining scholarship qualifications of the applicant student. Further, I/We hereby assent to provide such information voluntarily for such purpose and allow the release of the applicant's school records for the confidential use of the scholarship committee.

Parent Signature

Date

Parent Signature

Date