

St. Bernard Scholarship Application - Return by: April 20, 2011

Full Name: _____ Tel No.: _____

Address: _____ E-Mail: _____

Current School: _____ Graduation Date: _____

Father's/Guardian Name: _____ Occupation: _____

Mother's/Guardian Name: _____ Occupation: _____

Names of Siblings:	Age:	School and Grade:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of years as registered parishioners of St. Bernard's Parish: _____

Which universities, colleges or schools have you applied and/or been accepted:

Which do you plan to attend: _____ Anticipated major: _____

List here or an attachment the school, community and parish activities in which you have participated:

Financial Statement:

- 1 Indicate your school expenses for the year including:
tuition, room and board (if applicable), and books \$ _____
- 2 Indicate financial resources to meet expenses:
Applicant savings \$ _____ Applicant job income \$ _____
EFC \$ _____ (See note below) Other \$ _____

Applicants are expected to complete the "Free Application for Federal Student Aid" (FAFSA), which will determine your "Expected Family Contribution" (EFC). The EFC figure will assist our selection committee in determining the financial need of our applicants. Please attached a copy of your Student Aid Report (SAR) as verification of your EFC.

- 3 Indicate other scholarship awards applied for and/or received, and amounts:

I certify the above information to be correct to the best of my knowledge and that I am a high school senior who is a registered parishioner of St. Bernard Parish. I also attest that I regularly attend Mass (at least twice a month) and anticipate enrolling in an accredited institution of higher learning in the Fall.

Student's Signature _____ Parent's Signature _____ Date _____

Mail to: St. Bernard Scholarship Fund, P.O. Box 1481, North Kingstown, RI 02852