

Application Form for Selected Scholarships

2019-2020 Academic Year

PLEASE NOTE: This application is to be used ONLY if you are applying for one or more of the scholarships listed below:

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| <input type="checkbox"/> Linda Richmnd Memorial Scholarship | <input type="checkbox"/> Alumni Scholarship from Class of 2019 |
| <input type="checkbox"/> Boy Scout Scholarship | <input type="checkbox"/> Girl Scout Scholarship |
| | <input type="checkbox"/> MTC Middle School Scholarship |

These scholarships are available to students who meet certain criteria, as described below.

General Instructions to Applicant

1. Return a typed or neatly printed application to Ms. Christine Pagan christine.pagan@mtcschool.org or through mail or in-person by April 15th. This application is the first impression you will make upon those who award scholarships.
2. Certain scholarships require additional information; please submit any forms requested

1. Personal Information

Full name of student: _____

Phone number _____ Email address _____

Present home address _____

City _____ State _____ Zip _____

Date of birth _____ Grade entering _____

2. Family Information

Mother's name _____ Father's name _____

Occupation _____ Occupation _____

Street address _____ Street address _____

City,ST,Zip _____ City,ST,Zip _____

Phone number _____ Phone number _____

Name and ages of siblings/other dependents. Indicate what school(s) they attend.

Name	Relationship	Age	School or college/years attended
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Education

- a. Name all schools the applicant has attended in the last five years. List the school you are presently attending first.

4. Academic, athletic, service, and extra activities. Use additional pages if necessary.

- a. List academic awards, achievements and dates.

- b. List participation in athletic activities.

- c. List participation in community service and extra-curricular activities.

7. Financial Need Summary

- a. Have you completed the FACTS form for financial aid? Yes _____ No _____

- b. Describe any special circumstances such as medical conditions, disabilities, or other hardship that may affect your ability to pay for your tuition. Use additional pages if necessary.

8. Academic Performance: *Please attach a copy of last report card*

I do state the above information is accurate to the best of my knowledge.

Signature of Parent/Guardian: _____

Date _____