

REV. DAVID ALEXANDER SULLIVAN SCHOLARSHIP APPLICATION

(Open to Portsmouth area high school graduates)

This page should be filled in by the applicant and forwarded to:

Scholarship Application Committee
c/o Corpus Christi Parish
845 Woodbury Ave
Portsmouth, NH 03801

Deadline: May 4, 2018

1. Full name _____ Date of Birth ____/____/____
2. Mailing Address _____
3. Full name of parent or guardian _____
4. Telephone # (____) ____ - _____
5. Number of years residing in Portsmouth, NH area _____
6. College or University applicant attends or will attend:

Grade/Year: _____ Major Field of Study: _____
7. Names and amounts of other scholarships received and/or for which student has applied:

8. In order to be considered an applicant, the confidential financial statement from your family must be completed in detail and accompanied by a copy of **your** most recent Federal Income Tax Return **and** a copy of **your parents'** most recent Federal Income Tax Return.

Signature of Applicant

Date: _____

9 Are you a *registered* member of Corpus Christi Parish? ____ Yes ____ No

Have you received First Holy Communion? ____ Yes ____ No

Have you received the Sacrament of Confirmation? ____ Yes ____ No

Please describe your current involvement in the life of Corpus Christi Parish. (For example, frequency of Mass attendance, participation in youth group, active service to the parish, etc.)

Please describe your family's participation in the life of Corpus Christi Parish.

Please describe any current volunteer service work with the broader community.

PARENTS' CONFIDENTIAL STATEMENT
IN SUPPORT OF APPLICATION FOR FINANCIAL AID

REV. DAVID ALEXANDER SULLIVAN SCHOLARSHIP APPLICATION

This page should be filled in by the student's parents or guardian and forwarded to:

Scholarship Application Committee
c/o Corpus Christi Parish
845 Woodbury Ave
Portsmouth, NH 03801

Deadline: May 4, 2018

In order to deal fairly with all applicants, the Trustees ask parents to provide a complete and definite statement of their financial resources and obligations. This report will be kept confidential.

1. Student applicant: _____
(Last name) (First Name) (Initial)
2. (a) Father or guardian: _____
(Name)
Mother _____
(Name)
- (b) Parents' home address: _____
Tel # _____
- (c) Name and address of Father's employer:

- (d) Nature of business and position held: _____

- (e) Name and address of Mother's employer:

- (d) Nature of business and position held: _____

3. Annual Income 2017
- | | Father | Mother | Student Applicant |
|-------------------------|--------|--------|-------------------|
| Salary/Wages | _____ | _____ | _____ |
| Other Income (describe) | _____ | _____ | _____ |
| TOTAL: | _____ | _____ | _____ |

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IN SUPPORT OF APPLICATION FOR FINANCIAL AID

<u>Estimated Annual Income 2018</u>	Father	Mother	Student Applicant
Salary or Wages	_____	_____	_____
Other Income (describe)	_____	_____	_____
TOTAL:	_____	_____	_____

4. If you own your home, show date acquired: _____
 Cost: \$_____ and present mortgage: \$_____
5. Do you own any other real estate or securities? If so, explain and show values and encumbrances.

6. If you rent your home, show monthly rental: \$_____

7. Show total of savings accounts: \$_____ and checking account: \$_____

8. Attach a copy of your most recent Federal Income Tax Return.

9. Please list all children including applicant:

<u>Name</u>	<u>Age</u>	<u>Name of School if attending</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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10. Please list any other dependent receiving financial support from you:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Amount Contributed:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Please list any assets student has in his/her name such as a bank account, bonds, real estate, insurance policies, etc.

Nature of Assets	How Obtained	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

12. Please explain any special family circumstances the Trustees should know, for example: illness, extraordinary medical expenses, special housing problems, other children heading for college, heavy indebtedness, etc.

Date: _____

Parent/Guardian Signature

AUTHORITY TO RELEASE TRANSCRIPT

I, _____ hereby authorize
(Name of student)

(Name of High School, College or University)

to release to: **Scholarship Application Committee**, c/o Corpus Christi Parish, 845 Woodbury Ave, Portsmouth, NH 03801, a copy of my complete academic transcript from date of enrollment through completion of the current academic year. I will pay any fees charged for making my transcript available.

Date: _____, 2018

(Signature of Student)

NOTE: **Student must send the completed form to his or her school together with any fees charged for issuing a copy of the transcript.**