

**Application for renewal  
of  
RICHMOND-PENNOCK FAMILY SCHOLARSHIP**

For 20 \_\_\_\_ - 20 \_\_\_\_ School Year

(Print in black ink or type all data)

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Single: \_\_\_\_ Married: \_\_\_\_ No. of Dependents \_\_\_\_

Email Address: \_\_\_\_\_

If Married, Give Spouse's Name: \_\_\_\_\_

List Dependents (Name)	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

If not Married, Give Parent or Guardian Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ No. of Dependents in Family: \_\_\_\_\_

**Educational Institution in Which Enrolled**

School or College: \_\_\_\_\_

Major: \_\_\_\_\_ If nursing:  RN  BSN Year of Graduation: \_\_\_\_\_

Will Live: \_\_\_\_ on Campus \_\_\_\_ off Campus \_\_\_\_ Commute

Please attach transcripts or grade sheets for preceding year and first semester this year. (Copies acceptable.)

Scholarships, Grants, Loans (Excluding Richmond-Pennock) Received This Current Year:

Source	Amount
_____	_____
_____	_____
_____	_____
_____	_____

Applicant's Name: \_\_\_\_\_

**Financial Information**

Estimated Cost for Next Year:  
Tuition \$ \_\_\_\_\_  
Books \$ \_\_\_\_\_  
Room & Board \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

Source and Amount of Funds Available:  
Parents \$ \_\_\_\_\_  
Own Income \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_  
(Spouse/Relative)

Outstanding Educational Loan:  
 Yes  No  
Amount: \$ \_\_\_\_\_

Total Estimated Need \$ \_\_\_\_\_

Date Payment is Due \_\_\_\_\_

Term Begins: \_\_\_\_\_

If claimed by parents or guardian as  
Dependent, complete following:  
Parents:  Rent  Own Home  
Mortgage: \_\_\_\_\_ Bal. Owed: \$ \_\_\_\_\_

Enter Adjusted Gross Income (salary before deductions) as it appears on 20 \_\_\_\_ U.S. Income  
Tax Return or estimate if return hasn't yet been filed:

\_\_\_\_\_  
(Applicant or Parent if Claimed as Dependent)

Scholarships, Grants, Loans (Excluding Richmond-Pennock) Applied For Next Year:

Source	Amt. Sought or Rec.	Granted	Pending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please state any unusual or personal circumstances that may warrant special consideration by the  
Selection Committee:

I do hereby certify the information as submitted above to be true or correct.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
Signature of Parent (if applicable)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

**Completion of all information on application is important.**