

**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.