

CATHERINE T. MURRAY MEMORIAL SCHOLARSHIP

c/o OSCIL, 1944 Warwick Avenue, Warwick, RI 02889
401-738-1013 ext. 10 (V) 401-738-1015 (TTY) 401-738-1083 (FAX)

2012 SCHOLARSHIP APPLICATION - APPLICANT INFORMATION

Eligibility: Must be a Rhode Island resident with a significant disability and seeking financial assistance for Post Secondary Education. Preference is based on merit, economic need, and educational goal.

Award: \$1,000.00

Please PRINT or TYPE

I. GENERAL INFORMATION

Name: _____ Male Female
Date of Birth: _____ Email address: _____
Permanent Address: _____

Telephone Number: _____
Disability _____
School Currently Attending: _____
School For Which Aid Is Requested: _____
I am: Accepted Enrolled (What year? _____) Awaiting a Decision
I will be enrolled: Full Time Half Time Less Than Half Time
My Field of Study Will Be: _____

II. ACTIVITIES

List all current community and school activities in which you have participated and for how long. Include student government, volunteer projects, civic organizations, etc. Attach additional sheet, if necessary.

Activity: _____ How Long: _____
Activity: _____ How Long: _____
Activity: _____ How Long: _____
Activity: _____ How Long: _____
Special Honors: _____

III. ECONOMIC NEED

Must complete either Section A or Section B (NOT BOTH)

**If you live with your parents or guardian complete Section A.
If you live alone or with someone else, complete Section B.**

SECTION A:

I live with my parent(s) or guardian. Yes No If yes, complete this section. If no, complete Section B

Applicant's Marital Status: Single Married Separated Divorced

List all individuals living at home (attach additional sheet, if necessary):

Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____

Parent(s) Monthly Income..... \$ _____
(A copy of latest income tax return may be requested.)

Applicant's Average Gross Monthly Income from Job(s) \$ _____

Other **Monthly** Family Income:

Unemployment Compensation or Temporary Disability Ins.....	\$ _____
Workers' Compensation.....	\$ _____
Pension or Annuity.....	\$ _____
Disability Insurance Benefits or Social Security Income.....	\$ _____
Rental Income.....	\$ _____
Public Assistance.....	\$ _____
Other Income.....	\$ _____

TOTAL MONTHLY HOUSEHOLD INCOME: \$ _____

Less any significant monthly ongoing medical or rehabilitation expenses. \$ _____

MONTHLY TOTAL: \$ _____

**COMPLETE SECTION B ONLY IF YOU DID NOT COMPLETE SECTION A
– OTHERWISE SKIP TO PAGE 3**

SECTION B:

I support myself. Yes No If yes, complete this section.

Marital Status: Single Married Separated Divorced

List all individuals living at home (attach additional sheet, if necessary):

Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____

Applicant's Average Gross Monthly Income from Job(s) \$ _____
(A copy of latest income tax return may be requested.)

Average Gross Monthly Income of Spouse \$ _____

Other **Monthly** Family Income:

Unemployment Compensation or Temporary Disability Ins..... \$ _____

Workers' Compensation..... \$ _____

Pension or Annuity..... \$ _____

Disability Insurance Benefits or Social Security Income..... \$ _____

Rental Income..... \$ _____

Public Assistance..... \$ _____

Other Income..... \$ _____

TOTAL MONTHLY HOUSEHOLD INCOME: \$ _____

Less any significant monthly ongoing medical or rehabilitation expenses. \$ _____

TOTAL MONTHLY INCOME \$ _____

IV. Amount of expected financial aid for upcoming academic year: _____

V. CAREER GOAL ESSAY

Please attach a one page typed, double-spaced essay describing your *realistic* career goals and plans. Please be very *specific*.

VI. SPECIAL CIRCUMSTANCES

Do you have any *specific* personal, financial or family circumstances that you wish to bring to the attention of the review committee?

VI. CERTIFICATION AND SIGNATURES

I certify that the information on this form is true and complete to the best of my knowledge and understand that verification of this information may be requested. I understand that all financial information will be considered confidential, for review by members of OSCIL Scholarship Committee only.

Applicant's Signature

Date

PLEASE CAREFULLY COMPLETE ALL 3 PAGES OF THIS APPLICATION **PLUS** YOUR CAREER GOAL ESSAY PAGE BEFORE SUBMISSION. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

APPLICATIONS MUST BE POSTMARKED BY MARCH 27, 2012