

CATHERINE T. MURRAY MEMORIAL SCHOLARSHIP

c/o OSCIL, 1944 Warwick Avenue, Warwick, RI 02889

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2024 SCHOLARSHIP APPLICATION

For a Screen reader please arrow through to read and tab to fill.

Eligibility: Must be a Rhode Island resident with a significant disability and seeking financial assistance for college or technical school. ***Preference is based on merit, economic need, and career goals.***

Award: \$1000+

***Must be postmarked or
Submitted by March 22, 2024***

1. GENERAL INFORMATION

Name:

Date of birth:

Email address:

Permanent address:

Phone number:

How did you learn of this scholarship?

School currently attending:

College/Technical 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:

My Career goal is?

My Disability is:

2. ACTIVITIES

List all community outreach and school activities in which you have participated in.
(Include: Student Government, Volunteer Projects, Civic Organizations, etc.)

3. ECONOMIC NEED

I live with my parent(s) or guardian. Yes or No
If Yes, Please add Parents Income. If no, *DO NOT ADD* Parents Income

Applicant's Marital Status: Single Married Separated Divorced

List all individuals living at home:

Name:	Relationship:	Age:
Name:	Relationship:	Age:
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:

Total of significant monthly ongoing medical or rehabilitation expenses:

TOTAL MONTHLY INCOME MINUS ABOVE EXPENSES:

TOTAL YEARLY INCOME:

4. Amount of *other* expected financial aid for upcoming academic year:

5. 2 ESSAYS – (Attach one page for each.)

a. How have you dealt with or overcome your disability?

b. Career Goal - Describe your **realistic** career goals and plans – be very specific.

7. 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 CANNOT BE CONSIDERED.** Applications can be emailed, dropped off or mailed. See letterhead for address and email address.

APPLICATION MUST BE SUBMITTED BY MARCH 22, 2024