

Denis Fontaine Memorial Scholarship Application

GENERAL INFORMATION

Name: _____
Last First MI

DOB: _____ Cell Phone: _____ Email: _____

GPA: _____ Class Rank: ____/____ Highest ACT: _____ Highest SAT: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent(s) Name(s)	Occupation
_____	_____
_____	_____

Number of people living in your home: _____ How many will be in college next year? _____

COMMUNITY SERVICE

Type of Service	Approximate Hours
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

COLLEGE INFORMATION

What college/university do you plan on attending?

_____ City/State: _____

Have you been accepted (circle one)? Yes / Pending Field of Interest: _____

FINANCIAL AID INFORMATION

Scholarships/Financial Awards	Amount	Received (Y or N)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you submitted the FAFSA? _____

If yes, what is your EFC? _____

ADDITIONAL INFORMATION

Please attach a one-page essay that explains your need for this scholarship. From a financial standpoint, what impact would this scholarship have on your education? State any special personal or family circumstances affecting your need for financial assistance. Applications will not be accepted without an essay.

DUE TO MS. SMITH BY FRIDAY, MAY 5, 2017