

# *Burrillville Scholarship Foundation*



Each year, the Burrillville Scholarship Foundation offers scholarships to graduating high school students. The Scholarship Committee encourages all eligible students who plan to continue their education beyond high school to apply for these awards.

## QUALIFICATIONS

1. Resident of the Town of Burrillville during senior year of high school (one-year town residency required –as of April 1, 2015)
2. Legal resident of the US
3. Graduating from an accredited high school
4. Pursuing post secondary education at an accredited institution
5. Achievement and need
6. Other factors, as may be determined by the Scholarship Committee

## APPLICATION PROCESS

To be considered for a Scholarship, a student **must** submit all of the following information to the Foundation **no later than Thursday, April 21, 2016 at 6:00 p.m.** It is the **applicant's sole responsibility** to ensure that the completed material is delivered and/or postmarked by that date.

### **APPLICATIONS THAT ARE INCOMPLETE OR MISSING ITEMS WILL NOT BE CONSIDERED**

#### **Application Must Include:**

- Completed application form<sup>1</sup>
- Official transcript of high school grades
- Copy of student résumé
- Copy of letter of acceptance to post-secondary school
- An essay composed and signed by the applicant addressing academic and career goals
  - One page, type-written, 12 point font, double-spaced, 1" margins

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<sup>1</sup> If more room is needed to respond to portions of the application, you may include one additional sheet.

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- ❑ Copy of applicant's filed Federal Tax Return for the year 2015.

***NOTE: If you did not file a tax return but DID receive a W-2, 1098 and/or a 1099 for the year 2015, it MUST be attached to the application for scholarship consideration.***

- ❑ Copy of custodial<sup>2</sup> and non-custodial Parent's filed Federal Tax Return for the year 2015.
- ❑ Copy of your **FAFSA Award**, including your **Expected Family Contribution (EFC) amount**.

**All information should be sent to:**

OSP/Burrillville Scholarship Foundation  
c/o Treasurer's Office  
105 Harrisville Main Street  
Harrisville, RI 02830

Should there be any questions concerning the completion of this application prior to submittal, kindly contact:

Christine Mulligan  
Office of the Treasurer  
(401)568-4300 x121 or [cmulligan@burrillville.org](mailto:cmulligan@burrillville.org)

- ◆ The Foundation does not discriminate on the basis of age, sex, race, religion, national origin, or disability in accordance with applicable laws and regulations.
- ◆ Decisions of the Foundation are final.

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<sup>2</sup> Custodial (relating to the legal custody of, and responsibility for, a child) parent – the parent you lived with for more than half the year.  
2016



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III. Personal Information

	Name(s)	Income for Year 2015
Custodial Parent(s) or	_____	_____
Non-Custodial Parent(s) or	_____	_____
Legal Guardian (s)	_____	_____
Student <sup>3</sup>	_____	_____

List children in the family, excluding the applicant, who live at home and are under age 23:

Name(s)	Age	Attending College? (Y/N)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. Please list Student Employment History: Attach separate sheet if necessary.

Employment (newest first)	Dates (from/to)	Hours/week	Duties

<sup>3</sup> Please ensure that your filed 2015 tax return, W-2, Form 1098 or 1099, and FAFSA Award are included.

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V. Please list all volunteer and/or community service history:

Volunteer/Community Service Org.	Dates (from/to)	Hours/week	Duties

VI. Non-school Activities: (Church, Scouts, etc.)

Activities	Dates (from/to)	Hours/week	Duties

VII. Positions of Leadership:

Organization/Group/Employers	Dates (from/to)	Hours/week	Duties

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We hereby certify that all information included in this application is true. We grant permission to the Scholarship Committee to read, discuss, and confirm all information contained in this application as part of its review process. We understand that all applicable information not requiring third party confirmation will be treated confidentially.

Custodial Parent's or Legal Guardian's Signature:

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Applicant's Signature:

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Date: \_\_\_\_\_