

Rockport Alumni Scholarship Application

A relative of yours (grandparents - uncles - aunts must have attended ROCKPORT H.S.)

Please state the name of the relative (if female please state their maiden name) and state the approximate years they attended ROCKPORT HIGH SCHOOL.

| | | |
|-------------------------|----------------|---------------|
| Name of relative | Relationship | year or years |
| | | |
| Legal Name of Applicant | Telephone # | |
| | | |
| Permanent home address | E-mail address | |
| | | |
| Town, State, Zip Code | Date of Birth | |
| | | |

If you receive financial assistance from your parents, please answer information below

Parents/ Guardian _____

Living with: Both Parents Father Mother Other:

Father's Occupation (be specific) _____ Employed by _____

Mother's Occupation (be specific) _____ Employed by _____

Gross Annual Income: _____ (Do NOT leave this blank)

List all brothers and sisters (continue on reverse side if necessary)

| Name | Age | Grade in school | Name of College or High School if enrolled |
|------|-----|-----------------|--|
| | | | |
| | | | |
| | | | |
| | | | |

If you are entering College for the first time, where will you be attending? _____

What will your Major be ? _____

If you already attend college where will you be enrolled in the fall? _____

Your upcoming year in college will be your (circle) Undergraduate 1st 2nd 3rd 4th Graduate 5th 6th

Anticipated Expenses: \$ _____ If you do not have next year's figures, please base them on this years.

Total student Financial Resources: _____

(Please include savings, other scholarships, parent contribution, etc.)

DATE THIS APPLICATION WAS RECEIVED _____

Please attach your transcript, one letter or recommendation, and an essay describing why you should be considered for this award.