

Marion Weidman Scholarship Application

YOU MUST BE A RESIDENT OF ROCKPORT TO APPLY FOR THIS SCHOLARSHIP

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 _____

Mothers 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.