Rockland Negro Scholarship Fund, Inc. P.O. Box 143, Nanuet, New York 10954 RNSFScholarship@gmail.com

Scholarship Application 2019-2020

Please PRINT and complete ALL information

| 1. | APPLICANT'S HISTORY |
|----|---------------------|
| 1. | AFFLICANI SINSIONI |

| | Name | | Date of Birth |
|-----|--|--------------------------|-----------------------------------|
| | Address(include city and zip code) | | |
| | (meldae erty and zip edae) | | |
| | Home Phone | Cell Phone | Email |
| | High School Attending | Are y | ou a U.S. Citizen? |
| | Date Expected to graduate | SAT Score | ACT Score |
| II. | FAMILY HISTORY | | |
| | Father | Employer | |
| | Mother | Employer | |
| | # in household (adults childre | en) # in college/grad sc | hool *do not include in household |
| Ш. | POST SECONDARY INFORMATION | ž. | |
| | List colleges to which you have applied_ | | |
| | | | 107 |
| | College Major | Minor | Career Goal |
| | 1st Choice college | Locat | ion |
| | 1st choice college expenses: Tuition/yr_ | Room/Board | Misc |
| | Grand Total for 2018 | 3-2019 \$ | |
| IV. | FINANCIAL AID | | |

Have you applied for financial aid or scholarship money? If so, which ones?

Have you been notified that you will be receiving financial aid and/or awarded scholarship money? Be specific

V. SUPPORTING INFORMATION

- 1. Please include an activities profile/resume (indicating significant activities in school and in your community).
- 2. An official copy of your high school transcript must accompany this application.
- 3. In no less than 250 words tell us about your future plans. Please type, double space in Times New Roman font size 12.
- 4. Your Guidance Counselor must complete a Confidential Report (included with this application). At this time there is **NO NEED** to submit additional letters of support or recommendation.
- 5. A copy of your current SAR (Student Aid Report) is required. Income tax returns are **NOT** acceptable as supporting financial documentation for this scholarship.
- 6. A copy of your birth certificate or other proof of U.S. citizenship is required.
- 7. A copy of a college acceptance letter. (you may make changes)
- 8. The Scholarship Committee MUST receive all application and relevant documents postmarked no later than FEBRUARY 1, 2019. The application package MUST have the student essay, copy of your birth certificate, activities profile/resume, transcript, proof of Rockland County residence and Guidance Counselor's Confidential Report.

Our postal address is: Rockland Negro Scholarship Fund, INC P.O. Box 143 Nanuet, New York 10954

It is extremely important that you request the necessary materials from your Guidance Office in a timely fashion. Candidates must appear before members of the Executive Board for a personal interview.

MANDATORY Interview Date: March 2, 2019

I have read the application thoroughly and understand that the submission of all requested information is necessary for me to be considered for a Rockland Negro Scholarship Fund award for the 2019-2020 school year. I further understand that submission of a completed application does not guarantee a scholarship from the Fund.

| Applicant's Signature | Parent/Guardian's Signature | |
|-----------------------|-----------------------------|--|

Rockland Negro Scholarship Fund, Inc Scholarship Application 2019-2020

Guidance Counselor's Confidential Report

| Student | High School | | | | |
|--|--|--|--|--|--|
| Attended fromto | | | | | |
| This applicant's most resent ranking is fro | m the top of a class numbering | | | | |
| Applicant's average Type of Diploma/Certificate | | | | | |
| Briefly indicate your feelings concerning this studer academic potential. Your care in completing this apinformation is needed for evaluation purposes and | pplication accurately is important. This | | | | |
| The applicant must also submit an official transcript; activities profile; essay; verification of U.S. citizenship; a copy of their SAR and a copy of a college acceptance letter. All completed applications and relevant documents must be postmarked no later than March 2, 2019. Please assist the applicant in getting these materials to us BEFORE the due date. | | | | | |
| GUIDANCE COUNSELOR'S COMMENT | S: | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| Signature of Applicant's Guidance Counselor | Please print your name | | | | |
| | | | | | |
| Counselor's School Email Address | Counselor's School Phone | | | | |