

186 Cherry Street Waterbury, CT 06702 www.rmfinc.org

SCHOLARSHIP APPLICATION

The general purpose of the Rivera Memorial Foundation, Inc. is to provide community-based services and action aimed at improving the general social-economic life of youths, Latinos, and other disadvantaged groups in the Greater Waterbury area.

The RMF, Inc. offers three scholarships to Waterbury students. The selection committee will select <u>one</u> winning candidate for each scholarship based on scholarship criteria and information candidates provide.

Rivera Memorial Foundation Inc Scholarship

The Rivera Memorial Foundation Inc. Scholarship is for those high school or full time college students whom demonstrate a financial need, and demonstrate leadership or volunteerism throughout their school or community.

Rivera & Hughes Memorial Park Scholarship

The Rivera & Hughes Memorial Park Scholarship is for those high school or full time college students whom have participated in any program within the Rivera Memorial Foundation, Inc or is a family member to any Executive Board or Board of Directors Member. These students must demonstrate a financial need, and demonstrate leadership or volunteerism throughout their school or community.

Joseph A. Cortes Memorial Scholarship

The Joseph A. Cortes Memorial Scholarship is for those high school or full time college students whom demonstrate a financial need, demonstrate leadership or volunteerism throughout their school or community, and are working towards a degree in the medical field.

IMPORTANT INSTRUCTIONS

It is the applicant's responsibility to see that all supporting documents are submitted in one package together in the order noted below before **December 9, 2016**. No exceptions or extensions will be given.

Mail to:

Rivera Memorial Foundation, Inc. ATTN: Scholarship Committee 186 Cherry Street Waterbury, CT 06702

- 1. Application
- 2. Official High School or College Transcript with school stamp or seal
- 3. Three Letter of recommendation (two (2) from a teacher or counselor familiar with the student's academic ability and one (1) from a community leader or agency representative familiar with the students volunteer activities).
- 4. Essay

All candidates will be notified of their application status. Please note that finalists may be called for an **informal interview**. No prior acknowledgments are made to applicants and all notifications are final. Notifications will be sent to the student's permanent address in February. **It's mandatory that all recipients being awarded scholarships must be present at the award ceremony Thursday, April 20, 2017. Failure to be present at banquet will result in ineligibility.** If you have any questions please contact Jessica Ocasio at (475)235-3182.



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APPLICANT DATAPLEASE PRINT NEATLY OR TYPE

PART I

larship you wish to be	e considered for:
Inc. Scholarship	
rk Scholarship	
holarship	
	FIRST:
STATE:	ZIP CODE:
PLACE OF BI	RTH:
F YES, FULL-TIME OR	PART-TIME?
EGE:	
	GRADE AVGERAGE
ivities as well as any awa	ards you have received.
	Inc. Scholarship Inc. Scholar



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PART II PARENTS INCOME STATEMENT AND COLLEGE COST

FAMILY:	MOTHER:	FATHER:
NAME:		
ADDRESS:		
OCCUPATION:		
INCOME:		
NUMBERS OF SIBLE	NGS (BROTHERS OR SISTERS)	IN THE HOUSEHOLD:
NUMBERS OF SIBLE	NGS NOW ATTENDING COLLE	EGE LIVING AT HOME:
ESTIMATED OR A	ACTUAL COLLEGE COST:	
COLLEGE PLANNIN	G TO ATTEND OR ATTENDING	G:
TUITION:	BOOKS:	ROOM AND BOARD:
DO YOU HAVE ANY	STUDENT LOANS?	_ IF YES, ABOUT HOW MUCH?
ESSAY:		
SCHOLARSHIP WOULD WRITTEN IN ENGLISH	D HELP YOU ACHIEVE THOSE GO . <u>SPELLING AND GRAMMAR A</u> I	TIONAL GOALS AND CAREER FIELD, AND HOW THIS DALS. THE ESSAY MUST BE TYPED, DOUBLE SPACED, AND RETAKEN INTO CONSIDERATION BY THE SELCTION YOUR WORK IS A FINAL EDITED FORMAT.
CERTIFICATION:	:	
		O ACCURATE TO THE BEST OF MY KNOWLEDGE. SHOULD I BE LL USE THE AWARD FOR EXPENSES TOWARD MY COLLEGE
STATED TO THE RIVE		SUBMIT A COMPLETE APPLICATION PACKAGE IN THE ORDER IC. AND COMPLY WITH ALL DEADLINES. INCOMPLETE OR LIGIBILITY.
		PRESENT AT THE ANNUAL AWARD CEREMONY TO RECEIVE MY ONY WILL RESULT IN INELIGIBILITY OF AWARD. NO EXCEPTIONS
I HEREBY CERTIFY TH AND ACCEPT ALL CO		TION INFORMATION AND INSTRUCTIONS, AND I UNDERSTAND
I UNDERSTAND THAT	A COPY OF MY ACCEPTANCE LE	ETTER MUST BE PROVIDED BEFORE DISBURSEMENT OF FUNDS.
	FORMATION WILL RESULT IN TE TION WILL RESULT IN INELIGIBI	ERMINATION OF ANY SCHOLARSHIP GRANTED. FAILURE TO ITY.
Signature of	of Applicant	Signature of Parent/Guardian (If Applicant is Under 18 years of age)
Date:		Date:



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PART III. (TO BE COMPLETED BY SCHOOL COUNSELOR)

I Herby certify that Applicant's Nam	is a high school
Senior or full time college student atAp	during oplicant's High School or College
the 2016 - 2017 school year and has maintaine	d a cumulative Grade Point Average (GPA)
of, based on a 4.0. Scale. I also cert	ify that the above is true to the best of my knowledge.
	Print Name of School Counselor
	Signature of School Counselor
	Date

(OFFICIAL SCHOOL STAMP OR SEAL)

APPLICATION WILL BE REJECTED IF NO STAMP/SEAL PRESENT