



**FALL
RIVER**

Scholarship Foundation

2025 SCHOLARSHIP APPLICATION

Please Note: All requested is **Important and Necessary**. Complete application **in full** before returning. Please type or print all information except signatures. Incomplete applications will result in ineligibility. Please return completed application to:

Fall River Scholarship Foundation, PO Box 1721, Fall River, MA 02722, before April 1, 2025.

The application may also be downloaded from the Foundation website at www.fallriverscholarship.com.

APPLICANT INFORMATION

Student Name _____
LAST FIRST MIDDLE INITIAL

Permanent Mailing Address _____
STREET APT. NO.

City _____ State _____ Zip _____

Phone (_____) _____ Email _____
PLEASE PRINT CLEARLY

Name of Parent/Guardian _____

Name and Address of Parent/Guardian's Employer

Mother _____

Father _____

HIGH SCHOOL INFORMATION

School Name _____ Graduation Date _____
MONTH YEAR

City _____ State _____ Zip _____

FALL 2025 SCHOOL PLANS

School I plan to attend: (If school is not chosen at this time, please list schools to which application has been made.)

School _____ City _____ State _____

School _____ City _____ State _____

School I will attend is: ☐ 4-Yr. Coll./Univ. ☐ 2-Yr. Community/Jr. College Circle undergraduate level for Fall 2025:

☐ Vocational/Technical School ☐ Other 1 2 3 4 Post Grad

Major or course of study is: _____ Anticipated date of graduation _____
MONTH YEAR

EMPLOYMENT EXPERIENCE

List your employment experience during the past four years, beginning with the most recent. Use additional sheet if needed with the same column heads as below.

COMPANY NAME	TYPE OF EMPLOYMENT	CAREER RELATED?	FAMILY OWNED?	EMPLOYMENT INFORMATION		
				DATES: FROM-TO	# MONTHS/YRS	# HOURS/WEEK
		YES NO	YES NO			
		YES NO	YES NO			
		YES NO	YES NO			
		YES NO	YES NO			
		YES NO	YES NO			

EXTRACURRICULAR ACTIVITIES

List *all* school and community activities you have participated in during the last four years. Explain purpose of the activity and identify type of activity as community, volunteer sports, career-related, scholastic club, 4H, FHA, political, scouts, art, music, sorority/fraternity (type?), debate, drama, religion, science, hobby, etc. Use additional sheet if needed with the same column heads as below.

ORGANIZATION	PURPOSE	TYPE OF ACTIVITY	DATES INVOLVED	# OF YEARS

PERSONAL STATEMENT

Explain your personal goals for the future and any unusual family or personal circumstances that have affected you.

OTHER SCHOLARSHIPS

Please list below the name and amount of any grants or scholarships that you have been awarded for the coming school year.

Name of Award	Amount	Granted	Pending

FINANCIAL INFORMATION

If you have been accepted, what is the breakdown of the financial package offered by the college of your choice?

1. Name of college _____
2. Student Loans _____
3. Other Grants and Scholarship Awards (i.e., Total Financial Package) _____

TRANSCRIPT INFORMATION

1. **High school seniors and students who have completed less than one full** semester of post-secondary education must include a high school transcript of grades and have the following completed by the appropriate school official.
2. **Students currently enrolled in college or vocational-technical school** must include most recent college or voc-tech transcript of grades. (Completion of the following section is not necessary).

Applicant ranks _____ in a class of _____ Cumulative grade point average _____

PSAT Verbal _____ Math _____ SAT Verbal _____ Math _____

I certify this data is from a current and official transcript.

School Official's Signature

Date

Title

Telephone Number

School Official's Address (Street)

(City)

(State)

(Zip)

CERTIFICATION

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification may result in termination of any scholarship granted.

Signature _____ Date _____

The mission of the Fall River Scholarship Foundation is to provide the financial resources for students attending a college of their choice. Scholarships are available to all deserving students who live in Fall River or attend school in Fall River.

The Foundation recognizes a genuine need of all eligible students who are about to attend or who are currently enrolled in a college degree program. Scholarships are awarded based on need, academic standing, and the student's ability to express career objectives in an essay.

The Foundation is comprised of distinguished individuals from Fall River business and professional communities. Most of these dedicated volunteers have served on scholarship committees in the past.

The Foundation derives its funds from personal donations, corporate gifts and several fund raising events.





Scholarship Foundation

FINANCIAL STATEMENT

A. APPLICANT DATA

<hr/>		
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
<hr/>		
Permanent Address: <hr/>		
<i>#</i>	<i>Street</i>	<i>Apartment #</i>
<hr/>		
<i>City</i>	<i>State</i>	<i>Zip</i>
<hr/>		

B. INCOME, EXPENSE AND ASSET DATA FOR THE YEAR OF JANUARY 1, 2024 TO DECEMBER 31, 2024.

Please have your parent(s) fill in the following section. They must indicate whether the information is from:

- ☐ A completed tax return – IRS Form 1040 filing date of April 15, 2025.
- ☐ Estimates based on current income information to be filed by April 15, 2025.

1. Adjusted gross income..... \$

2. Total U.S. income tax paid \$

3. Income earned from work by Father: \$

- Mother \$

4. Untaxed income and benefits: Social Security, AFDC, ADC, other \$

5. Total number of exemptions \$

C. ADDITIONAL INFORMATION

The parents' current marital status: ☐ single ☐ married ☐ divorced ☐ widowed

Total number of family members who will be attending a post-secondary school at least

1/2 time during the 2025-2026 school year, including applicant.....

D. CERTIFICATION AND SIGNATURES

Certification: All of the information on this form is true and complete to the best of my (our) knowledge. If asked by an authorized official of FRSF, I (we) agree to give proof of the information that I (we) have given in this form. I (We) realize that this proof may include a copy of my (our) 2025 U.S. and/or state income tax return. I (We) also realize that if I (we) do not give proof when asked, the student may not get aid.

Applicant's Signature

Father's Signature

Mother's Signature

Date Completed

Mo. Day Year