

Counselor: _____

Scholarship Name: Fortnightly Club Manley-Winser

Scholarship Application

Please complete this form in its entirety. All supplemental items must be on file in order for your application to be considered complete and submitted for review.

Name of Applicant: _____

Address: _____

Parent/Guardian 1: _____

Name

Occupation

Parent/Guardian 2: _____

Name

Occupation

Sibling(s) Name	Age	Grade	School/College/Occupation

(add more rows if necessary)

College/University <i>List all schools you've applied to. Add rows if you need more space.</i>	Estimated Cost of Attendance <i>Include tuition, room & board, books, fees, etc.</i>	Scholarships/Aid <i>List any scholarships or grants you've received from the school.</i>

If known, what institution will you be attending next year? _____

What is your intended major or field of study? _____

How will your education be financed? *(Indicate estimated \$\$ amounts to the best of your ability.)*

Parents/Guardians: _____

Your savings: _____

Future earnings: _____

Loans: _____

Scholarships: _____

Other: _____

Did you submit the FAFSA? (Mark X) YES NO

Please indicate your family income prior to taxes (mark X next to one only):

<input type="checkbox"/> Under \$30,000	<input type="checkbox"/> \$60,001-70,000	<input type="checkbox"/> Over \$100,000
<input type="checkbox"/> \$30,000-40,000	<input type="checkbox"/> \$70,001-80,000	<input type="checkbox"/> Over \$150,000
<input type="checkbox"/> \$40,001-50,000	<input type="checkbox"/> \$80,001-90,000	<input type="checkbox"/> Over \$250,000
<input type="checkbox"/> \$50,001-60,000	<input type="checkbox"/> \$90,001-100,000	<input type="checkbox"/> Over \$500,000

SCHOLARSHIP APPLICATION CHECKLIST

Scholarship Application

Personal Statement

- Must be typed with a heading (full name and address)
- Include academic and/or personal goals, extracurriculars, etc.

Statement of Financial Need

- Must be typed with a heading (full name and address)
- Include examples of financial hardship, changes in income, sources of funding, etc.

Resume

- Must be typed - Include extracurricular activities, volunteering, jobs, family responsibilities, awards/achievements, etc.

Copy of Transcript

Copy of SAT/ACT scores (if available)

Signature of Student:

Date:

Signature of Parent/Guardian:

Date:

ALL MATERIALS MUST BE SUBMITTED BY May 15, 2021.

Mail to:

**The Fortnightly Club of Summit
Attn: Scholarship Committee
214 Springfield Avenue
Summit, NJ 07901**