

2020 ROBYN A. DABROWSKI MEMORIAL SCHOLARSHIP

Criteria: Participant in interscholastic activities and has been accepted by, and will attend, an accredited institution of higher learning.

Name: _____ Homeroom: _____

Street Address: _____

City/State/Zip Code: _____ Counselor: _____

Father's Name: _____ Occupation: _____

Income: _____

Mother's Name: _____ Occupation: _____

Income: _____

How many dependents, not including parents? _____

Number of brothers: _____ Ages: _____, _____, _____, _____

Number of sisters: _____ Ages: _____, _____, _____, _____

What part-time or summer jobs have you had? (List current job first, if any, with approximate income per week.)

Have you any other source of financial aid? _____

Which college have you been accepted at and will attend? _____

College Major: _____

Career Goal: (Explain in few words.)

What are the annual costs at the college you expect to attend?

Tuition: _____ Room: _____ Board: _____ Additional: _____

In what extra-curricular activities have you participated (in and out of school)?

Office held? _____

List two persons (not relatives or faculty, example: clergy, employer, etc.) who have known you and your family for some time.

(Name, address, telephone number).

a. _____ Position: _____

b. _____ Position: _____

Date of application: _____

Signature of applicant: _____

Signature of Parent or Guardian: _____

Please give a short paragraph in your handwriting, on why you think you should receive this scholarship award. (Use space below):

THIS COMPLETED APPLICATION MUST BE SUBMITTED BY 2:00 PM ON FRIDAY, APRIL 10, 2020 TO THE MAIN OFFICE.