

PAUL F. RONCI MEMORIAL SCHOLARSHIP TRUST

The Paul F. Ronci Memorial Scholarship Trust has been established by the Parents of Paul F. Ronci and created to provide an annual scholarship to a full-time student who has attained academic excellence, demonstrates financial need, is a Rhode Island resident and who submits for a review by the Trustees of the fund a written essay describing his or her goals and ambitions to further the good of humanity and who otherwise displays leadership skills and a desire to better society.

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Application Procedure: Applicants are requested to submit along with their completed Application for Scholarship Assistance the following materials for consideration by the Trustees of the scholarship fund:

- A copy of your school transcript indicating top 10% class rank
- Completed Free Application for Federal Student Aid (available through your high school Guidance Department)
- Essay setting forth applicant's goals, ambitions and desires with specific reference to what applicant intends to accomplish for the good of humanity (maximum of two (2) pages)
- Proof of residency in Rhode Island for ten (10) of the last twelve (12)

Application Deadline: Completed applications and additional material requested are due by **March 31, 2019**. Applications are to be mailed to:

The Paul F. Ronci Memorial Trust
c/o Mary Lou Fonseca
P.O. Box 515
Harmony, Rhode Island 02829-0515

Amount of Award: One scholarship per year, ranging from \$500 up to a full one year's tuition, shall be awarded to the applicants selected by the Trustees of the fund. Students who maintain a superior academic record while at college may apply for continuing scholarship support from the fund.

Application for Scholarship Assistance

NAME OF SCHOLARSHIP FOR WHICH YOU ARE APPLYING:

**THE PAUL F. RONCI MEMORIAL SCHOLARSHIP TRUST FUND
P. O. Box 515
Harmony, Rhode Island 02829-0515**

This Application Must Be Completed By The Student/Applicant Only

A. STUDENT INFORMATION

Name _____
Last First Middle

Birth date _____
month/day/year

Permanent Address _____
Street

City State Zip Code

High School _____
School name and city graduation date

School for which Aid is requested _____
School name and city expected graduation date

I am () accepted () enrolled () awaiting a decision

Year in school will be: Undergraduate: ()1 ()2 ()3 ()4 Graduate: ()5 ()6 ()7 Other: ()1 ()2

I will be enrolled () full-time () half-time or more () less than half-time

I will live () on campus () off campus () home with family

My field of study will be _____

B. FAMILY INFORMATION

1. Mother _____
Name State of legal residence number of years

2. Father _____

Name

State of legal residence number of years

3. Parent's Marital Status: () single () married () separated () divorced () widowed () none

4. List all children, not including yourself, living in parent's household (attach additional sheet if necessary):

Name	Age	School or College	Tuition
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Name	Age	School or College	Tuition
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Name	Age	School or College	Tuition
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5. Total number of family members in college at least half-time: _____

C. STUDENT BACKGROUND

1. **Activities:** List all community and school activities in which you have participated. Include sports, student government, volunteer projects, etc. (attach additional sheet if necessary).

Activity	How long?	Special Honors
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Activity	How long?	Special Honors
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2. **Work Experience:** List any paid work experience you have had in the last two years (attach additional sheet if necessary).

Employer	Position Held	How long?
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Employer	Position Held	How long?
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3. **Residence:** List all addresses at which you have resided for each of the last twelve (12) years (attach additional sheet if necessary):

Current Address:	How long?
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Prior Address: _____ How long? _____

Prior Address: _____ How long? _____

4. Special Circumstances: Do you have any unusual personal, financial or family circumstances that warrant special attention by the Trustees of the fund? Please be specific.

D. FINANCIAL AID INFORMATION

Estimated cost of education per year:		Financial Aid Awarded or Expected (if known)	
Tuition and fees	\$ _____	Federal Grants	\$ _____
Grants	\$ _____	Room and Board	\$ _____
Books	\$ _____	Loans	\$ _____
Transportation	\$ _____	Work Study	\$ _____
	\$ _____	Student/Parent contribution	\$ _____
		Other	\$ _____
Total \$ _____ (A)		Total \$ _____ (B)	

Remaining Unmet Need (A-B) \$ _____

E. CERTIFICATION AND SIGNATURES

We certify that the information on this form is true and complete to the best our knowledge. We understand that all financial information will be considered confidential, for review by the Trustees of the Paul F. Ronci Memorial Scholarship Trust only. We shall provide, on request, a copy of our latest U.S. Income Tax Return for the purpose of verifying the information reported. We also realize that if we do not give proof when asked, the student may not be eligible for the scholarship.

Applicant's Signature _____ Date _____

Parent or Guardian's Signature _____ Date _____





