

DISABLED WORKERS' SCHOLARSHIP COMMITTEE
c/o SUISMAN SHAPIRO, 2 UNION PLAZA, SUITE 200
NEW LONDON, CONNECTICUT 06320

SCHOLARSHIP APPLICATION

PLEASE TYPE OR PRINT:

NAME IN FULL _____

HOME ADDRESS _____

EMAIL _____

PHONE _____

DATE OF BIRTH _____

**** FAMILY INFORMATION ****

NAME OF FATHER OR GUARDIAN _____

ADDRESS IF DIFFERENT FROM OWN _____

FATHER'S PLACE OF EMPLOYMENT _____

FATHER'S OCCUPATION _____

NAME OF MOTHER OR GUARDIAN _____

ADDRESS IF DIFFERENT FROM OWN _____

MOTHER'S PLACE OF EMPLOYMENT _____

MOTHER'S OCCUPATION _____

OTHER DEPENDENTS IN THE FAMILY:

NAME	SCHOOL	AGE	GRADE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DISABILITY INFORMATION

In the space below, explain any unusual financial conditions carried by your family which indicates a need for financial assistance.

*NAME OF PERMANENT AND TOTAL DISABLED PARENT _____

*NATURE, EXTENT AND CAUSE OF DISABILITY, AND HOW WAS INJURY CAUSED BY WORK? (THE INJURY MUST HAVE ARISEN OUT OF THE WORKPLACE)

NAME AND ADDRESS OF TREATING DOCTOR _____

ENCLOSE A DOCTOR'S REPORT AS TO THE NATURE AND EXTENT OF DISABILITY

*ENCLOSE A COPY OF THE WORKERS COMPENSATION AWARD, SOCIAL SECURITY AWARD OR OTHER OFFICIAL STATEMENT CERTIFYING A PERMANENT AND TOTAL DISABILITY AND RELATION TO WORK

HIGHER INSTITUTION INFORMATION

What institution do you expect to attend _____

Have you been accepted at this institution _____

If you have not yet been accepted at the school of your choice, where else might you attend in the fall _____

Expected major field of study _____

What is your career goal _____

Have you filed a Financial Aid Form (FAF) with the College Scholarship Service:
If "Yes", date filed _____

If "No", reason not filed _____

INSTITUTION FINANCIAL INFORMATION

YEARLY ANTICIPATED EXPENSES		YEARLY ESTIMATED INCOME	
Tuition	\$ _____	Financial Aid from Institution	\$ _____
Room & Board	\$ _____	Other Scholarships	\$ _____
Travel	\$ _____	Student Loans	\$ _____
		Parent's Contribution (Include Summer 20__ est.)	\$ _____
Other Please list:			
_____	\$ _____		
_____	\$ _____		
TOTAL	\$ _____	TOTAL	\$ _____

FINANCIAL NEED \$ _____

Subtract Total of Estimated Payments from Total of Anticipated Expenses

If there is a reason why any questions on this page cannot be answered by the applicant, please explain.

PERSONAL FINANCIAL INFORMATION

Amount you earned last summer _____

Place of Employment last summer _____

Hours/Week worked last summer _____

Amount you earned last School Year _____

Place of employment last School Year _____

Hours/Week worked last School Year _____

SCHOOL AND COMMUNITY ACTIVITIES

1. Academic Achievement
 - Class Standing
 - **Attach copy of Transcript of Grades to date**
 - **Provide CAPT and SAT scores**

2. School activities. Start with Senior year and work back to Freshman; be as specific as possible:

3. Community activities. Start with Senior year and work back to Freshman.

STUDENT CERTIFICATION AND CONSENT FORM

I certify that this Application represents, to the best of my ability, the facts as I know them. I give my permission to my School to include a copy of my transcript with this Application to be reviewed by the Disabled Workers' Scholarship Committee.

Student signature _____

Date _____

PARENT/GUARDIAN CERTIFICATION AND CONSENT FORM

I certify that this Application represents, to the best of my ability, the facts as I know them, and approve the review of my child's Application by the Disabled Workers' Scholarship Committee.

Parent/Guardian signature _____

Date _____

DISABLED WORKERS' SCHOLARSHIP COMMITTEE
c/o 2 UNION PLAZA; SUITE 200
NEW LONDON, CONNECTICUT 06320

REFERENCE FORM

To Whom It May Concern:

The Disabled Workers' Scholarship Screening Committee suggests that applicants submit a reference appraising the student's merit as a candidate for assistance for higher education. In the space provided below, please evaluate this student as to academic achievement, class participation, school/community involvement, or other particular information which might help the committee to make its decision.

This form should be returned to the Disabled Workers' Scholarship Screening Committee BEFORE April 1, 2015 and will be attached to the student's application. All information will be considered confidential and viewed only by members of the committee. If the form does not provide enough space for your comments, please attach a separate piece of paper.

Your assistance is greatly appreciated.

NAME OF STUDENT _____

HOW LONG HAVE YOU KNOWN STUDENT _____

IN WHAT CAPACITY HAVE YOU KNOWN THE STUDENT _____

YOUR NAME, TITLE _____

COMMENTS:

NOTE: This may be filed separately from the Application

FAMILY FINANCIAL AFFIDAVIT

Other Dependents: _____

Name of Applicant _____

INCOME - YEARLY

EXPENSES - YEARLY

Earned Income \$ _____

Rent \$ _____

Investment Income \$ _____

Mortgage \$ _____

Pension \$ _____

Food \$ _____

Disability Income

Transportation \$ _____

Social Security \$ _____

Insurance \$ _____

Workers Compensation \$ _____

Clothing \$ _____

Insurance \$ _____

Medical Care \$ _____
(not covered by Insurance)

TOTAL \$ _____

Utilities \$ _____

Other (specify) \$ _____

TOTAL \$ _____

ASSETS

LIABILITIES

Real Estate \$ _____

Mortgage \$ _____

Stocks & Bonds \$ _____

Auto Loans \$ _____

Savings \$ _____

Credit Cards \$ _____

C.D.'s \$ _____

Other (specify) \$ _____

Automobiles \$ _____

TOTAL \$ _____

Other (specify) \$ _____

TOTAL \$ _____

DATE _____

Signature of Parent

CHECKLIST

- _____ 1. Doctor's report as to the nature and extent of disability;
- _____ 2. Copy of PERMANENT, TOTAL DISABILITY arising out of the workplace as defined by an award from either, Connecticut Workers' Compensation, A Federal Workers' Compensation Program or Social Security Disability Award;
- _____ 3. Transcript of Grades to-date and **CAPT and SAT scores**;
- _____ 4. Essay;
- _____ 5. References;
- _____ 6. Student's signature
- _____ 7. Parent/Guardian's signature
- _____ 8. Family Financial Affidavit