

EDWARD J. (JUD) SULLIVAN SCHOLARSHIP

CITIZENS FOR CITIZENS, INC.
264 GRIFFIN STREET
FALL RIVER, MA 02724
AWARD AMOUNT \$1,000.00

APPLICATION FORM

(Please read the attached "General Information/Instruction Sheet" prior to completing this application.) Note the absolute deadline for complete applications is: 4/26/19

NAME: _____
Last First M.I.

ADDRESS: _____
Number Street City/Town Zip Code

TELEPHONE: (____) _____ EMAIL: _____
Area Code

Name of the CFC program that applicant formerly participated in, either Head Start, After School Day Care, Family Child Care, or Extended Day Care. (Please include year (s) of participation.)

Father's Name and Address: _____

Mother's Name and Address: _____
(if same as father's address write "same") _____

Total number of persons living in your household _____

Source of Family Income: (Circle All That Apply)

Wages Child Support TANF Pension Unemployment
Social Security SSI

Other: (Explain) _____

Total Family Income _____

Do you rent? If so, amount of your monthly rent _____

Does your family own your home? _____ Monthly mortgage payment _____

First year tuition at the College or Technical School you will attend _____

Name of college or technical school you will be attending _____

What course of study do you plan to undertake? _____

Including yourself, how many members of your household will be attending College/Technical School next year? _____

Have you been awarded any other scholarships/grants:

Yes _____ No _____

If yes, LIST THE NAME OF SCHOLARSHIP/GRANT AND THE AMOUNT for each award you received.

If you are notified of additional financial aid after you file this application, you have an obligation to notify us of the name of the scholarship/grant and the amount. You notify us by writing your name, address, name of scholarship/grant and amount on a piece of paper and mailing it to us. Mailing address is located on page 2, item 5H of the instruction pages.

Name of Scholarship/Grant	Amount
_____	_____
_____	_____
_____	_____
_____	_____

If you feel there are any "special circumstances" which apply to you or your family which you feel the CFC Scholarship Committee should consider, please attach a separate page describing it or them.

Date: _____

Your Signature

Parent's Signature