RHODE ISLAND
SALTWATER ANGLERS
Association

P.O. Box 1465, Coventry, Rhode Island 02816 401-826-2121 FAX: 401-826-3546 www.RISAA.org

Rhode Island Saltwater Anglers Association's

2019 MEMBER SCHOLARSHIP APPLICATION

Any RISAA member ***in good standing*** or their immediate family, specifically, their children or stepchildren, grandchildren, brother or sister, or stepbrother or stepsister, who is currently high school senior and will attend ANY college or university within one year, may apply for the "**Rhode Island Saltwater Anglers Association Member Award**"

PRINT

Applicant's Name: _____ Age: _____ Date of Birth:____/____/___
First Middle Initial Last

Home Address: _____ City: _____ State: ____ Zip:_____

Home Phone: (_____)_____ Cell Phone: (_____)_____ E-Mail: _____

High School: _____ Current Grade: _____ Principal: _____

Place of Employment: _____ ❑ Summer ❑ all year Your Earnings: $_____
Job description: _____

College(s) You applied to (note if accepted):_____
_____
_____

Major/minor you will pursue:_____

Father's Name: _____ Mother's Name: _____

Parents' combined annual income: $_____ Number of children living at home: _____ Number of children currently in college: _____

RISAA Member Name:_____ Relationship to you: _____

APPLICATION DEADLINE: May 5, 2019

Complete application and all materials must must be **POSTMARKED OR RECEIVED VIA EMAIL BY MAY 5, 2019**

Applicant MUST complete this form and attach the following, each on a separate sheet:

1. A composition that describes your reasons for applying for this scholarship and your plans or goals for the future.
2. A copy of your "Common Application Personal Essay"
3. A copy of at least one of the Letters of Recommendation that you submitted with your college application(s) and your official school transcript.
4. Submit a list of your personal achievements, in and out of school (example: Scouting, clubs, community service, Student Council)

Incomplete applications are disqualified

Note: Scholarship awards will be presented at a special ceremony on **June 24, 2019 at 7:00 PM** at the West Warwick Elks, 60 Clyde Street, West Warwick, RI. **Recipients must attend or scholarship is forfeited.**

My signature indicates that I have read and understand the application process. I also understand that prior to receiving the award I will provide *proof of registration for the Fall 2019 semester*.

Signature of Applicant: _____ Date of Applicaton: _____

Signature of Parent: _____ Date:_____

SUBMIT YOUR APPLICATION in either format below:

E-mail (in pdf format) to: Scholarships@RISAA.org
Mail to: RISAA Scholarships Committee, P.O. Box 1465, Coventry, RI 02816

NOTE: A list of criteria used to select scholarship recipients can be found at www.risaa.org/scholarships.html