

# Maria Boissoneault Memorial Scholarship Application

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

CLASS RANK (TO BE FILLED IN BY THE GUIDANCE OFFICE): \_\_\_\_\_

A. Where do you plan to continue your education? \_\_\_\_\_ Major: \_\_\_\_\_

B. Have you applied? \_\_\_\_\_ Been accepted? \_\_\_\_\_ Waiting to hear? \_\_\_\_\_

C. Please include any information which could be helpful to the scholarship committee including any special circumstances.

---

---

---

---

D. Total One Year College Cost (estimate) \_\_\_\_\_

Student/Parent college responsibility/budget - \_\_\_\_\_

Other scholarships received at this time - \_\_\_\_\_

Financial aid received at this time - \_\_\_\_\_

Money needed to pay for college = \_\_\_\_\_

PARENT/GUARDIAN INFORMATION: Marital Status: ☐ Married ☐ Divorced ☐ Single

OCCUPATION OF PARENTS/GUARDIANS WITH WHOM YOU ARE LIVING:

Father/Guardian: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_

**\*The following financial information is required to be considered for all local scholarships.**

Financial information (from income tax form used on FAFSA).

\*Total Adjusted Income (Line \_\_\_\_\_ Form \_\_\_\_\_)      \$ \_\_\_\_\_

\*Taxable Income (Line \_\_\_\_\_ Form \_\_\_\_\_)      \$ \_\_\_\_\_

Please list below all family members currently enrolled in a university/college. Also include yourself and any parent.

_____	_____
_____	_____
_____	_____

Number of children 18 or younger living at home: \_\_\_\_\_

What elementary school did you graduate from?

- ☐ Alburgh   ☐ Bakersfield   ☐ Fairfield   ☐ Georgia   ☐ Montgomery   ☐ Sheldon   ☐ SAC   ☐ SAT
- ☐ Other \_\_\_\_\_

Number of years attended the above elementary school: \_\_\_\_\_

I have read over my answers to the information requested on this application and affirm that to the best of my knowledge and belief they are correct.

_____	_____
Signature of Applicant	Signature of Parent/Guardian

(The information provided on this form will be kept confidential.)

**Please enclose a copy of your FAFSA or college award letter.**

**Please return completed application by May 1<sup>st</sup> to:**

**Toby Ducolon  
834 Maquam Shore Rd  
Swanton, VT 05488**