

**LOCAL SCHOLARSHIP APPLICATION  
PART I  
(TO BE COMPLETED BY APPLICANT)**

STUDENT NO. \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT RECORD (FOR THE LAST 3 YEARS)**

NAME OF EMPLOYER

TYPE OF JOB

DATES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CAREER CHOICES (LISTED IN ORDER OF PREFERENCE)**

\_\_\_\_\_  
\_\_\_\_\_

NUMBER OF CHILDREN IN FAMILY \_\_\_\_\_

NUMBER OF CHILDREN ATTENDING  
COLLEGE \_\_\_\_\_

(DO NOT COUNT YOURSELF)

**COLLEGES TO WHICH YOU HAVE APPLIED**

\_\_\_\_\_  
\_\_\_\_\_

**COLLEGE YOU PLAN TO ATTEND**

\_\_\_\_\_

**ANNUAL COST (AS LISTED IN CATALOG)**

\_\_\_\_\_

**SCHOLARSHIPS OFFERED AND VALUE**

\_\_\_\_\_

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Some scholarships are given solely on the basis of nationality or political affiliation of associations that you or your parents belong to. If you would like to be considered for these scholarships, please answer the questions below.

NATIONALITY\_\_\_\_\_

ETHNIC BACKGROUND\_\_\_\_\_

FAMILY POLITICAL AFFILIATION\_\_\_\_\_

CHURCH\_\_\_\_\_

NEIGHBORHOOD ASSOCIATION, SOCIAL CLUB, FIRE OR POLICE DEPT.  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach any other information you would like the scholarship committee to be aware of.**

**LOCAL SCHOLARSHIP APPLICATION  
PART II  
(TO BE COMPLETED BY PARENT(S) OR LEGAL GUARDIAN)**

An award is to be given to a high school senior in Riverhead HS who is also a resident of the Town of Riverhead for the purpose of financing his/her education beyond high school. This award will be made on the basis of character, scholarship, activities, interests, need and promise of future leadership and humanitarian service. All other factors being equal, need will be of prime importance. It is for that reason that we ask you to complete fully and accurately the items that follow regarding your ability to pay for your child's college education. There is no intent to pry into your personal affairs and the members of the selection committee will keep all information strictly confidential.

FATHER'S NAME\_\_\_\_\_

MOTHER'S NAME\_\_\_\_\_

GUARDIAN'S NAME\_\_\_\_\_

ADDRESS\_\_\_\_\_

FATHER'S EMPLOYER

NAME\_\_\_\_\_

ADDRESS\_\_\_\_\_

MOTHER'S EMPLOYER

NAME\_\_\_\_\_

ADDRESS\_\_\_\_\_

UNION NAME\_\_\_\_\_

LOCAL OR BRANCH NAME\_\_\_\_\_

RESIDE IN TOWN OF \_\_\_\_\_ RIVERHEAD \_\_\_\_\_ SOUTHAMPTON \_\_\_\_\_ BROOKHAVEN

(The following information is optional, but may disqualify student for most scholarships if not given.)

TAX RETURNED FILED \_\_\_\_\_ JOINT \_\_\_\_\_ INDIVIDUAL

FAMILY ADJUSTED GROSS INCOME\_\_\_\_\_

TAXABLE INCOME\_\_\_\_\_

DATE\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE\_\_\_\_\_