

# CATHERINE T. MURRAY MEMORIAL SCHOLARSHIP

c/o OSCIL, 1944 Warwick Avenue, Warwick, RI 02889

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## 2017 SCHOLARSHIP APPLICATION

**Eligibility:** Must be a Rhode Island resident with a significant disability and seeking financial assistance for college or technical school. Preference is based on merit, economic need, and educational goals.

**Award:** \$1,000

***Must be postmarked by  
March 25, 2017***

**Please PRINT or TYPE**

### **I. GENERAL INFORMATION**

Name: \_\_\_\_\_  Male  Female

Date of birth: \_\_\_\_\_ Email address: \_\_\_\_\_

Permanent address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

School currently attending: \_\_\_\_\_

College for which aid is requested: \_\_\_\_\_

I am:  Accepted  Enrolled (What year? \_\_\_\_\_)  Awaiting a Decision

I will be enrolled:  Full Time  Half Time  Less Than Half Time

My field of study will be: \_\_\_\_\_

How did you learn of this scholarship? \_\_\_\_\_

Disability \_\_\_\_\_

### **II. ACTIVITIES**

List all current community and school activities in which you have participated and for how long. Include student government, volunteer projects, civic organizations, etc. Attach additional sheet, if necessary.

Activity: \_\_\_\_\_ How Long: \_\_\_\_\_

Activity: \_\_\_\_\_ How Long: \_\_\_\_\_

Activity: \_\_\_\_\_ How Long: \_\_\_\_\_

Activity: \_\_\_\_\_ How Long: \_\_\_\_\_

Special Honors: \_\_\_\_\_

**III. ECONOMIC NEED**

**Must complete either Section A or Section B (NOT BOTH)**

**If you live with your parents or guardian complete Section A.  
If you live alone or with someone else, complete Section B.**

**SECTION A:**

**I live with my parent(s) or guardian.  Yes  No If yes, complete this section. If no, complete Section B**

Applicant's Marital Status:  Single  Married  Separated  Divorced

List all individuals living at home (attach additional sheet, if necessary):

Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____

Parent(s) Monthly Income..... \$ \_\_\_\_\_  
(A copy of latest income tax return may be requested.)

Applicant's Average Gross Monthly Income from Job(s) ..... \$ \_\_\_\_\_

Other **Monthly** Family Income:

Unemployment Compensation or Temporary Disability Ins.....	\$ _____
Workers' Compensation.....	\$ _____
Pension or Annuity.....	\$ _____
Disability Insurance Benefits or Social Security Income.....	\$ _____
Rental Income.....	\$ _____
Public Assistance.....	\$ _____
Other Income.....	\$ _____

**TOTAL MONTHLY HOUSEHOLD INCOME:** \$ \_\_\_\_\_

Less any significant monthly ongoing medical or rehabilitation expenses. \$ \_\_\_\_\_

**MONTHLY TOTAL:** \$ \_\_\_\_\_

**COMPLETE SECTION B ONLY IF YOU DID NOT COMPLETE SECTION A  
– OTHERWISE SKIP TO PAGE 3**

**SECTION B:**

**I support myself.  Yes  No If yes, complete this section.**

Marital Status:  Single  Married  Separated  Divorced

List all individuals living at home (attach additional sheet, if necessary):

Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____

Applicant's Average Gross Monthly Income from Job(s) ..... \$ \_\_\_\_\_  
(A copy of latest income tax return may be requested.)

Average Gross Monthly Income of Spouse ..... \$ \_\_\_\_\_

Other **Monthly** Family Income:

Unemployment Compensation or Temporary Disability Ins..... \$ \_\_\_\_\_

Workers' Compensation..... \$ \_\_\_\_\_

Pension or Annuity..... \$ \_\_\_\_\_

Disability Insurance Benefits or Social Security Income..... \$ \_\_\_\_\_

Rental Income..... \$ \_\_\_\_\_

Public Assistance..... \$ \_\_\_\_\_

Other Income..... \$ \_\_\_\_\_

**TOTAL MONTHLY HOUSEHOLD INCOME:** \$ \_\_\_\_\_

Less any significant monthly ongoing medical or rehabilitation expenses. \$ \_\_\_\_\_

**TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

IV. Amount of *other* expected financial aid for upcoming academic year: \_\_\_\_\_

V. Please explain how you have overcome your disability.

- Please answer this on a separate sheet of paper

**VI. CAREER GOAL ESSAY**

Please attach a one page typed, double-spaced essay describing your *realistic* career goals and plans. Please be very *specific*.

**VII. SPECIAL CIRCUMSTANCES**

Do you have any *specific* personal, financial or family circumstances that you wish to bring to the attention of the review committee?

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**VI. CERTIFICATION AND SIGNATURES**

I certify that the information on this form is true and complete to the best of my knowledge and understand that verification of this information may be requested. I understand that all financial information will be considered confidential, for review by members of OSCIL Scholarship Committee only.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

PLEASE CAREFULLY COMPLETE ALL 3 PAGES OF THIS APPLICATION **PLUS** YOUR CAREER GOAL ESSAY PAGE BEFORE SUBMISSION. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

**APPLICATIONS MUST BE POSTMARKED BY March 26, 2017**