

# CATHERINE T. MURRAY MEMORIAL SCHOLARSHIP

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

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## 2025 SCHOLARSHIP APPLICATION

**THIS APPLICATION MAY BE FILLED OUT AND SUBMITTED ONLINE**  
**[oscil.org/scholarship](http://oscil.org/scholarship)**

**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 career goals.***

**Award: \$1000+**

**Must be postmarked by March  
20, 2025**

**Please PRINT or TYPE**

### 1. GENERAL INFORMATION

Name \_\_\_\_\_

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

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

Phone number: \_\_\_\_\_

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

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

College/Technical School 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: \_\_\_\_\_

My career goal is: \_\_\_\_\_

Disability \_\_\_\_\_

### 2. ACTIVITIES

List all community outreach and school activities in which you have participated in. Include student government, volunteer projects, civic organizations, etc.

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3. 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)/guardian.  Yes  No **If no, skip to 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. \$ \_\_\_\_\_

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

**TOTAL YEARLY INCOME:** \$ \_\_\_\_\_

**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** \$ \_\_\_\_\_

**TOTAL YEARLY INCOME** \$ \_\_\_\_\_

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

5. 2 ESSAYS – (Attach one page for each.)

a. How have you dealt with or overcome your disability?

b. Career Goal - Describe your **realistic** career goals and plans – be very specific.

**7. 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 CANNOT BE CONSIDERED.** Applications can be emailed, dropped off or mailed. See letterhead for address and email address.

**APPLICATIONS MUST BE POSTMARKED BY MARCH 20, 2025**