

CATHERINE T. MURRAY MEMORIAL SCHOLARSHIP

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

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2023 SCHOLARSHIP APPLICATION

**THIS APPLICATION MAY BE FILLED OUT AND SUBMITTED ONLINE AT
OUR WEBSITE AT oscil.org**

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 24, 2023**

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.

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) 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. \$ _____

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?

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 24, 2023