

L. Howard Abbott Frances H. Abbott  
Memorial Scholarship

*For Excellence in Scholarship, Participation in School  
Activities and in furtherance of the Student's Education*

The undersigned hereby makes application for the scholarship created by the late L. Howard Abbott and Frances H. Abbott and is being administered by Fifth Third Bank. The scholarship is based on academic achievement, participation in school activities and need. Attached to this application is a transcript of the student's record at Riverside Brookfield High School and a letter of recommendation from his/her counselor and another staff member. Family financial data as required is attached on page 3 of this form.

Please return completed applications and letters of recommendation to Student Services by Friday, April 15th.

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

PARENT'S OR GUARDIAN NAME \_\_\_\_\_

NAME AND AGES OF BROTHERS AND SISTERS (IF ANY) INDICATING WHICH ARE  
CURRENTLY ENROLLED IN COLLEGE AND WHEN THEY WILL BE GRADUATING

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PLEASE TELL US WHAT YOUR GOALS ARE AND WHY YOU WISH TO GO TO COLLEGE

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LIST OF SCHOOL OFFICES HELD AND ACTIVITIES (clubs, organizations, student  
government and athletics)

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LIST PART TIME JOBS HELD DURING SUMMER VACATIONS AND SCHOOL YEAR

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WHAT OTHER SCHOLARSHIPS HAVE YOU APPLIED FOR AND WHAT IF ANY HAVE YOU BEEN AWARDED

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PLEASE LIST THE COLLEGE TO WHICH YOU HAVE APPLIED AND INDICATE ACCEPTANCE

1st Choice\_\_\_\_\_Accepted\_\_\_\_\_Est. Cost/Year\_\_\_\_\_

2nd Choice\_\_\_\_\_Accepted\_\_\_\_\_Est. Cost/Year\_\_\_\_\_

3rd Choice\_\_\_\_\_Accepted\_\_\_\_\_Est. Cost/Year\_\_\_\_\_

PLEASE GIVE A BRIEF STATEMENT AS TO WHY YOU SHOULD BE GIVEN CONSIDERATION FOR THIS SCHOLARSHIP

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Date

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Applicant Signature

FINANCIAL INFORMATION FOR CONSIDERATION IN THE AWARDING OF THE L. HOWARD ABBOTT AND FRANCES H. ABBOTT MEMORIAL SCHOLARSHIP FUND SCHOLARSHIP FOR THE YEAR \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

Since one of the major requirements of this award is in financial need, we are required to ask the following information to be completed by the parent or guardian of the applicant.

LIST NUMBER OF DEPENDENT CHILDREN IN FAMILY \_\_\_\_\_  
AGES \_\_\_\_\_

DOES PARENT OR GUARDIAN OWN A RESIDENCE \_\_\_\_\_

APPLICANT HELP SUPPORT FAMILY \_\_\_\_\_ TO WHAT EXTENT \_\_\_\_\_  
FAMILY SUPPORTS APPLICANT \_\_\_\_\_ COMPLETELY \_\_\_\_\_

Financial Aid:

1. How much to college will family contribute annually? \_\_\_\_\_
  2. How much does applicant have in personal savings? \_\_\_\_\_
  3. Estimated income from part time employment while in college \_\_\_\_\_
- Estimated income from other sources such as gifts, grants, awards and student loans? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does Mother work? \_\_\_\_\_ Name of Employer \_\_\_\_\_

Position \_\_\_\_\_

Does Father work? \_\_\_\_\_ Name of Employer \_\_\_\_\_

Position \_\_\_\_\_

Total family income last year \_\_\_\_\_

All of the above information is confidential and may be submitted to the trustee separate and apart from the other pages of the application, which must be submitted through the school.

I certify that the above statements are true and correct to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Signature

L. Howard Abbott and Frances H. Abbott  
Memorial Scholarship Fund

Letter of Recommendation  
Counselor

Applicants Name \_\_\_\_\_  
Please see attached letter

L. Howard Abbott and Frances H. Abbott  
Memorial Scholarship Fund

Letter of Recommendation  
Staff Member

Applicants Name \_\_\_\_\_  
Please see attached letter