

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 16th.

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

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

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

LIST PART TIME JOBS HELD DURING SUMMER VACATIONS AND SCHOOL YEAR

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

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

Date

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