RHODE ISLAND
SALTWATER ANGLERS
Association
P.O. Box 1465, Coventry, Rhode Island 02816 401-826-2121 FAX: 401-826-3546 www.RISAA.org

Rhode Island Saltwater Anglers Association's

2017 MEMBER SCHOLARSHIP APPLICATION

Any RISAA member ***in good standing*** or their immediate family, specifically, their children or stepchildren, grandchildren, brother or sister, or stepbrother or stepsister, who is currently high school senior and will attend ANY college or university within one year, may apply for the "**Rhode Island Saltwater Anglers Association Member Award**"

PRINT

Applicant's Name: _____ Age: _____ Date of Birth:____/____/___
First Middle Initial Last

Home Address: _____ City: _____ State: ____ Zip:_____

Home Phone: (_____)_____ Cell Phone: (_____)_____ E-Mail: _____

High School: _____ Current Grade: _____ Principal: _____

Place of Employment: _____ ❑ Summer ❑ all year Your Earnings: $_____
Job description: _____

College(s) You applied to (note if accepted):_____
_____
_____

Major/minor you will pursue:_____

Father's Name: _____ Mother's Name: _____

Parents' combined annual income: $_____ Number of children in family living at home: _____

RISAA Member Name:_____ Relationship to you: _____

APPLICATION DEADLINE: May 5, 2017

Complete application and all materials must must be **POSTMARKED OR RECEIVED BY MAY 5, 2017**

Applicant MUST complete this form and attach the following, each on a separate sheet:

1. A composition that describes your reasons for applying for this scholarship and your plans or goals for the future.
2. A copy of "Common Application Personal Essay"
3. A letter from your high school principal or guidance counselor, or official school transcript, listing your average grades for the last two years, the total number of students in your class and your standing/rank in that class.
4. Submit a list of your personal achievements, in and out of school (example: Scouting, clubs, community service, Student Council)

Incomplete applications are disqualified

• Scholarship awards will be presented at a special ceremony on **June 26, 2017 at 7:00 PM** at The Villa, 272 Cowesett Avenue, West Warwick, RI. **Recipients must attend or scholarship is forfeited.**

My signature indicates that I have read and understand the application process. I also understand that prior to receiving the award I will provide *proof of registration for the Fall 2017 semester*.

Signature of Applicant: _____ Date of Applicaton: _____

Signature of Parent: _____ Date:_____

MAIL TO: RISAA Scholarship Committee, P.O. Box 1465, Coventry, RI 02816