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|  | The Lt. Michael P. Quinn Scholarship Fund Application |

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| **Procedure** |

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| **1** | Carefully print and complete this form, and submit to the below address by the application deadline. |
| **2** | Contact your School Administrator to send a transcript of grades and activities to the below address. |
| **3** | Send a copy of your Parent/Guardian’s most recent Federal Income Tax Return to the below address. |
| **4** | If the Quinn Scholarship Committee decides to move forward with your application, you will be invited to an in-person interview on April 27, 2025. |

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| **Address:** | Ronan Fitzpatrick, Charlestown, MA, P.O. Box 290216 |
| **Deadline:** | April 15, 2025 |
| **Amount** | $30,000 ($20,000 for the first year with the opportunity to win an additional $10,000 for the second year) |

*Note: Students who have completed a gap year are still eligible to apply for the Quinn Scholarship if they prove that they have been accepted into and plan to attend an accredited four year college or university.*

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| **Applicant Information** | | | |
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| **Full Name:** |  |  |  |
|  | *Last* | *First* | *Middle* |
| **Address:** |  |  |  |
|  | *Street Address* |  | *Apartment #* |
|  |  |  |  |
|  | *City* | *State* | *Zip Code* |
| **Home Phone:** |  | **Date of Birth:** |  |
|  |  |  | *MM/DD/YYYY* |

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| **Parent/Guardian Name:** |  | **Parent/Guardian Name:** |  |

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| **Sibling Name** | **Age** | **Occupation or School** | **Living at Home? (Y/N)** |
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| **Have you resided in Charlestown for the past 4 years?** | ☐ Yes | ☐ No |
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| **Parent/Guardian Confidential Financial Statement** |

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|  | **Parent/Guardian 1** | **Parent/Guardian 2** |
|  |  |  |
| **Occupation** |  |  |
| **Net Weekly Salary** |  |  |
| **Bonus** |  |  |
| **Overtime** |  |  |
| **Expense Allowance** |  |  |
| **Additional Employment** |  |  |
| **Net Weekly Salary** |  |  |
| **Supplementary Income** |  |  |
| **Total Stock and Bond Holdings** |  |  |
| **Stock Dividends** |  |  |
| **Interest Income from Savings** |  |  |
| **Veteran Disability Benefits** |  |  |
| **Do you own your home?** |  |  |
| **Do you own rental properties?** |  |  |
| **Income from rentals** |  |  |
| **Do you own a summer home?** |  |  |

**The above information will be held in strict confidence by the members of the Lt. Michael P. Quinn Scholarship Fund**

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| **Current Academic Standing and Extracurricular Activities** | | | |
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| **Current School:** |  |  |  |
|  |  |  |  |
| **Address:** |  |  |  |
|  | *Street Address* |  |  |
|  |  |  |  |
|  | *City* | *State* | *Zip Code* |
| **Date of Graduation:** |  | **GPA:** |  |
|  | *MM/DD/YYYY* |  |  |
| **Scholastic Honors/Prizes:** |  | | |
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| **Testing** | | | |
| **SAT** |  | **ACT** |  |
| *Math* |  | *English* |  |
| *Verbal (EBRW)* |  | *Math* |  |
| ***Total*** |  | *Reading* |  |
|  |  | *Science* |  |
|  |  | ***Total*** |  |

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| **Subject Tests** | | |
|  |  |  |
| *Name* |  | *Score* |
|  |  |  |
| *Name* |  | *Score* |

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| **Extra-Curricular Activities** | |
| **School Activities (non-sports)** | **Community or Church Activities** |
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| **Sports Activities** | |
| **Sports Participation**  *(please indicate if varsity letter winner)* | **Sports Awards** |
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| **Applicant Supplementary Information** |

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| **Do you have a part-time job?** | ☐ Yes | ☐ No |
| **If yes, what is your net estimated annual income?** | $ | |

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| **Have you applied for or received any other scholarships?** | ☐ Yes ☐No |  |
|  | **Scholarship Name** | **Amount** |
| *☐ Received ☐ Pending* |  | *$* |
| *☐ Received ☐ Pending* |  | *$* |
| *☐ Received ☐ Pending* |  | *$* |
| *☐ Received ☐ Pending* |  | *$* |

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| **Which colleges have you applied to?** | |
|  | **College Name** |
| *☐ Accepted ☐ Pending* |  |
| *☐ Accepted ☐ Pending* |  |
| *☐ Accepted ☐ Pending* |  |
| *☐ Accepted ☐ Pending* |  |

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| **Which college will you attend?** |  |

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| **Are there any special circumstances which might affect your need for the Scholarship?** |
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**I hereby certify that all information supplied on this application is complete and accurate. If I am granted this partial scholarship, I will work to the best of my ability in the college I attend.**

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| **Applicant Signature:** |  |
|  |  |
| **Parent/Guardian Signature:** |  |
|  |  |
| **Date:** |  |