

## **MAGOWN-ROBERTS MEMORIAL FUND, INC.**

P.O. Box 633

North Kingstown, Rhode Island 02852

### **SCHOLARSHIP APPLICATION INSTRUCTIONS**

#### **1. GENERAL**

The Magown-Roberts memorial fund has recently gone from a loan to a scholarship format. Currently, scholarships will not exceed \$1,500. Following verification of enrollment, all scholarships awarded will be sent directly to the bursar's office at the institution in which the applicant is enrolled.

#### **2. ELIGIBILITY**

Each applicant's eligibility to apply for a scholarship will be based on satisfying one of the following requirements:

- The applicant is a current member in good standing or retired member of the Rhode Island Air National Guard
- The applicant has a parent, either natural or court appointed, who is a member in good standing of the Rhode Island Air National Guard\*
- The applicant has a spouse that is a member in good standing of the Rhode Island Air National Guard\*

\* This includes deceased members who were in good standing at the time of their death.

NOTE: Only applicants who have not previously received a Magown-Roberts Scholarship may apply.

#### **3. APPLICATION SCHEDULE**

Scholarships will be awarded once per year, according to the following schedule:

**1 July – application deadline**

1 August – recipients announced

15 August – checks mailed to institution

- 4. AWARD CRITERIA:** Awards will be granted based on a number of factors including available funds, need, relative merit of the applicants, and the applicant's desire to complete a college education or a certified vocational/technical course. Not all applicants will necessarily be granted an award. Applicants who do not receive an award are encouraged to re-apply.

## 5. APPLICATIONS

The following items must be submitted by the application deadline:

- 1. Completed application form**
- 2. Statement of Goals**
- 3. Transcripts (high school or college)**

**Application Form:** Ensure all items on the form are completed. Forms with information missing will not be considered.

**Statement of Goals:** Include a statement of your personal and academic goals (see page 3 of the application). The statement should be typed, double-spaced (1 inch margins), no longer than one page.

**Transcripts:** Graduating/graduated high school seniors shall attach a copy of their high school transcript; those already enrolled in a college or vocational/technical course shall enclose a copy of their most current transcript.

**Proof of Enrollment:** Should you be granted a scholarship, the Fund will verify your enrollment. All scholarships awarded will be sent directly to the bursar's office at the institution in which the applicant is enrolled.

Completed application forms together with required enclosures must be postmarked by the deadline dates. Send all materials to:

**MAGOWN-ROBERTS MEMORIAL FUND, INC.**

P.O. Box 633

North Kingstown, Rhode Island 02852

NOTE: Incomplete applications (i.e., no transcripts, no statement of goals, etc) will be not be considered and will be automatically returned
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Successful applicants will be announced according to the schedule above, and will be posted on the Magown-Roberts Website. If a member accepts a Magown-Roberts scholarship they are in agreement to have their name and amount of the scholarship received to be posted on the Magown-Roberts website located at [www.magownroberts.org](http://www.magownroberts.org).

## MAGOWN-ROBERTS SCHOLARSHIP APPLICATION FORM

PLEASE PRINT OR TYPE:

Date of Application: \_\_\_\_\_

1. Name of Applicant: \_\_\_\_\_  
Last, First, MI
2. Date of Birth: \_\_\_\_\_  
MM/DD/YYYY
3. Social Security Number: \_\_\_\_\_
4. Home/Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
5. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
6. Email: \_\_\_\_\_
7. College or institution where scholarship will be used: \_\_\_\_\_  
\_\_\_\_\_
8. College/Institution Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
9. Have you been accepted? Y\_\_\_ N\_\_\_
10. Will you be attending in a full time or part time status? \_\_\_\_\_
11. If part-time, how many courses will you be taking each semester? \_\_\_\_\_
12. Type of degree/certification you're working toward: \_\_\_\_\_
13. Major/Area of study planned: \_\_\_\_\_
14. Date you expect to finish studies for which scholarship is requested: \_\_\_\_\_

MAGOWN-ROBERTS SCHOLARSHIP APPLICATION FORM (continued)

15. Provide the following information about your personal efforts to earn money, including summer work, for the last three years:

EMPLOYER	APPROX. MONTHLY EARNINGS	DATES
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. Do you plan to work during the school year? Y\_\_\_ N\_\_\_

17. Expected expenses for next academic year as shown in school catalog:

Tuition:\_\_\_\_\_ Books and Fees:\_\_\_\_\_

18. Are you receiving or planning to receive any grants / scholarships from other military/civilian education sources? (GI Bill, Pell Grant, STEP, State Tuition Assistance, etc) Y\_\_\_ N\_\_\_

If yes, please list and state amount you expect to receive:\_\_\_\_\_

19. How many courses are you going to take this semester? \_\_\_\_\_

20. Are you a member of the Rhode Island Air National Guard? \_\_\_\_\_

If yes, please provide Unit/Organization: \_\_\_\_\_

If no, indicate name of Guardsman whose membership makes you eligible, their relationship to you and their Unit/Organization:

\_\_\_\_\_

Telephone or Email of guardsman: \_\_\_\_\_

21. Please list all community service or volunteer work that you've performed in the last three years:

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MAGOWN-ROBERTS SCHOLARSHIP APPLICATION FORM (continued)

**STATEMENT OF PERSONAL / ACADEMIC GOALS**

Please include on a separate piece of paper/document a one page statement of your personal goals. This can include how you plan to use your education, your academic goals, and/or your professional goals. It should be typed double-spaced with one inch margins.

Please add in the last paragraph any other information that may be helpful to the scholarship committee in making its decision.

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I certify that the above information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent if applicant is not a guardsman or is under 21