



NEW HAVEN SCHOLARSHIP FUND

STUDENT/COUNSELOR CHECKLIST

THIS CHECKLIST SHOULD BE ON TOP OF EACH STUDENT'S APPLICATION

STUDENT _____ HIGH SCHOOL _____

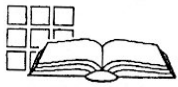
FOR INITIAL APPLICATION SUBMISSION:

- APPLICATION FORM IS COMPLETE – ALL QUESTIONS ARE ANSWERED
- ESSAY - **WHY DO YOU WANT TO FURTHER YOUR EDUCATION? WHAT ARE YOUR GOALS/ASPIRATIONS? INCLUDE COMMUNITY SERVICE EXPERIENCE OR OTHER EXPERIENCE THAT HAS AFFECTED YOUR GOALS.**
- INCOME VERIFICATION - **A COPY OF 2017 INCOME TAX 1040 (just the first 2 pages), 1040A, OR 1040EZ OR OTHER INCOME VERIFICATION DOCUMENT eg. disability payments, SSI, etc. NOT W-2 FORMS**
- COPY OF STUDENT AID REPORT (SAR) FROM THE FAFSA
- COPY OF HIGH SCHOOL TRANSCRIPT INCLUDING SENIOR GRADES AND ATTENDANCE RECORD
- COPY OF SAT/ACT SCORES, IF NOT ON TRANSCRIPT

COUNSELOR SIGNATURE: _____ DATE _____

**COMPLETED APPLICATIONS TO COUNSELOR OR SCHOOL GUIDANCE OFFICE BY OR BEFORE
WEDNESDAY, MARCH 6**

NOTE: Incomplete applications will not be considered



NEW HAVEN SCHOLARSHIP FUND

Established 1959
www.NewHavenScholarshipFund.org

APPLICATION 2019

TO BE FILLED IN BY STUDENT AND PARENT(S)/GUARDIAN (PLEASE PRINT CLEARLY)

FIRST _____ LAST _____ HIGH SCHOOL _____

STREET ADDRESS _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____ DATE OF BIRTH _____ M/F _____

HIGH SCHOOL COUNSELOR NAME _____

COUNSELOR PHONE _____

MOTHER/GUARDIAN _____ EMPLOYER _____

FATHER/GUARDIAN _____ EMPLOYER _____

PARENT/GUARDIAN PHONE _____ NUMBER OF DEPENDENTS (LINE 6C OF 1040) _____

PARENT EMAIL _____

YOUR SAT SCORES CR _____ M _____ YOUR ACT SCORE _____ NOT APPLICABLE ()

YOUR INTENDED MAJOR _____

COLLEGES/SCHOOLS TO WHICH YOU HAVE APPLIED	COST (TUITION + FEE)	IF LIVING ON CAMPUS (ROOM & BOARD)	ACCEPTED(Y/N) NOT HEARD (P)
1. _____	\$ _____	\$ _____	_____
2. _____	\$ _____	\$ _____	_____
3. _____	\$ _____	\$ _____	_____
4. _____	\$ _____	\$ _____	_____
5. _____	\$ _____	\$ _____	_____
6. _____	\$ _____	\$ _____	_____
7. _____	\$ _____	\$ _____	_____
8. _____	\$ _____	\$ _____	_____

FAMILY INCOME**COMBINED FAMILY INCOME FOR 2017:**

- LESS THAN \$15,000 LESS THAN \$25,000 LESS THAN \$35,000
 LESS THAN \$45,000 LESS THAN \$55,000 LESS THAN \$70,000

TOTAL INCOME \$ _____

ATTACH THE FOLLOWING:

- 1. YOUR PARENT(S)' 2017 1040 FORM (PAGES 1&2) OR OTHER INCOME VERIFICATION DOCUMENTS**
(E.G. DISABILITY PAYMENTS, SSI, DSS ETC.) . ⇒ NOT W-2 FORMS

- 2. ESSAY - A SHORT ESSAY TELLING US ABOUT YOUR GOALS, ASPIRATIONS, COMMUNITY SERVICE, ETC.**
WHY DO YOU WANT TO FURTHER YOUR EDUCATION?

- 3. COPY OF YOUR STUDENT AID REPORT (SAR) FROM THE FAFSA. GO TO THE FAFSA LOG IN AND CLICK ON "View or Print your Student Aid Report (SAR)"**

IMPORTANT!!! AN APPLICATION WILL NOT BE CONSIDERED, IF IT IS INCOMPLETE

**RETURN YOUR COMPLETE APPLICATION TO YOUR
SCHOOL COUNSELOR OR GUIDANCE OFFICE BY OR BEFORE
WEDNESDAY, MARCH 6, 2019**