OFFICIAL SCHOLARSHIP APPLICATION

LAST NAME	FIRST	NAME	MID.INIT
ADDRESS:			
CITY		STATE	ZIP
TELEPHONE	[DATE OF BIRTH	
E-MAIL			
FATHER'S NAME			
EMPLOYER		OCCUPATIO	N
MOTHER'S NAME		U	IVING/DECEASED (circle one)
			N
			
LIST ALL BROTHERS ANI			
			SCHOOL GRADE OR LEVEL
			SCHOOL GRADE OR LEVEL
			SCHOOL GRADE OR LEVEL
NAME		AGE	SCHOOL GRADE OR LEVEL
LIST ALL OTHER DEPENI	DENTS OF PARE	NTS	
NAME	AGE	RELATIONSHIP	
NAME	AGE	RELATIONSHIP	
NAME			
HIGH SCHOOL EDUCATI	ONAL ACHIEVE	MENT	
NAME OF HIGH SCHOOL		YOUR GPA	OF
HONORS COURSES OFFERED?	YESNO	DO YOU I	PARTICIPATE?YESNO
ADVANCED PLACEMENT CLASSES	OFFERED?YES	_NO	



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ATHLETIC HISTORY & ACHIEVEMENTS

(List all sports in which you participated, positions held, and any honors or awards received.)

12th Grade:	 	
11th Grade:	 	
10th Grade:		
9th Grade (or earlier):		



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EXTRA CURRICULAR SCHOOL RELATED ACTIVITIES

(List your participation in all extra-curricular activities, positions held, and any honors or awards you received).

12th Grade:	
	·
11th Grade:	
	·
10th Grade:	
9th Grade (or earlier):	



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RELIGIOUS / CIVIC / COMMUNITY SERVICE

Services, Fundraising, H	oliday Activities, etc. Also, li	ons, including memberships, Churc st your participation in Civic or Con	nmunity Organizations or
services. Include position	ons held and any honors or a	wards you have received. Include (dates of service.)
	EMPLOYMENT	HISTORY	
	(List employment or	jobs held, including working in fam	ily business).
Type of Work	Employer	Dates Worked	Avg Hours per Week



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COLLEGE / UNIVERSITY

(Name and address of College/University you have notified you will be attending for enrollment in classes for the fall semester of this year).

COLLEGE/UN	NIVERSITY*:		
Address:			
Major Cours	se of Study:	 	
Intended Ca	reer Choice:	 	
	and the state of t		
Targeted Co	llegiate Sport(s)**:	 	

* YOU MUST INCLUDE A LETTER OF ACCEPTANCE FROM COLLEGE/UNIVERSITY

** YOU MUST INCLUDE A LETTER FROM COLLEGE/UNIVERSITY COACH
CONFIRMING RECRUITMENT OR AVAILABILITY OF OPEN TRYOUTS TO CONFIRM
INTENTION TO PARTICIPATE IN COLLEGIATE ATHLETICS



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FINANCIAL INFORMATION – COMPLETE PAGE IN FULL—DO NOT LEAVE BLANKS

(A) ESTIMATED COST OF SCHOOL YEAR **TUITION & FEES ROOM & BOARD BOOKS** PERSONAL/TRAVEL OTHER (SPECIFY:_____ (A) TOTAL (B) RESOURCES AVAILABLE TO MEET ABOVE EXPENSES STUDENT SAVINGS **SCHOLARSHIPS & GRANTS (NOT LOANS)** YOU MUST INCLUDE COPY OF "AWARD" LETTER FROM COLLEGE YOU MUST INCLUDE COPY OF SAR FORM EXPECTED PARENT CONTRIBUTION AS REFLECTED ON SAR FORM (IF ACTUAL EXPECTED PARENT CONTRIBUTION IS DIFFERENT, EXPLAIN BELOW) **ESTIMATED VACATION EARNINGS** WORK DURING SCHOOL YEAR (B) TOTAL **DIFFERENCE, IF ANY: SUBTRACT (A) FROM (B)** CIRCUMSTANCES AFFECTING NEED FOR FINANCIAL AID. EXPLAIN ANY UNUSUAL CIRCUMSTANCES IN YOUR FAMILY, SUCH AS ILLNESS, UNEMPLOYMENT, OUTSTANDING LOANS, OTHERS IN COLLEGE, ETC., WHICH AFFECT YOU.



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ESSAY

Include an essay on a separate sheet detailing your academic and career goals and your plan for achieving such goals. List your strong points and weak points, and how you plan to strengthen yourself in those areas. Please comment in your essay on the role education, athletics, extra curricular, religious and civic/community activities have had in your life. Additionally, please also explain your need for this scholarship. In the alternative, you may submit an essay you have written for submission with an admissions application.

___ESSAY INCLUDED

APPLICANT'S CERTIFICATION

I certify that the information given herein, which you are authorized to verify, is true and correct, and that the funds for which application is made will be used by me solely for the purpose of continuing my education. I understand that the purpose of this scholarship is to give financial aid to a well-balanced student; that if I am awarded a scholarship, I am expected to maintain a GPA of 3.0 or better, and I am expected to endeavor to become a member of a varsity athletic team at the college level. I agree to send my school transcript and proof of participation in sports and other activities to the Foundation after each semester, for its review. If I fail to meet the standards established by the Foundation, I realize that my scholarship may not be renewed.

Date	-		
Applicant's Signature:			



WHILE NOT REQUIRED, YOU MAY INCLUDE UP TO 3 LETTERS OF RECOMMENDATION FROM PERSONS WHO ARE FAMILIAR WITH YOUR QUALIFICATIONS.

REFERENCE LETTERS INCLUDED

Completed Applications must be **POSTMARKED** no later than **Friday, April 11, 2025**.

Mail to: Robert J. Nolan Foundation, Inc., c/o Administrator, PO Box 4392, Queensbury, NY 12804