

PROVIDENCE CHAPTER OF CHUMS, INC.
CONSTANCE EDMONDS SCHOLARSHIP APPLICATION
APPLICATION MUST BE POSTMARKED BY APRIL 30, 2020

Applicant **must be** of African-American or Black descent and a United States citizen graduating in 2020 from a high school (public, technical, charter, private or parochial) located in Rhode Island or Southeastern Massachusetts, and **will be** attending an institution of higher learning or technical education in the Fall semester of 2020. Please indicate how you heard about our scholarship opportunity by circling one or more of the following: Word of Mouth, High School, Church, Community Organization or Other _____.

Please Print Clearly or Type.

Application Date: _____
Applicant Name: _____ Current Grade: _____
Race and/or Ethnicity: _____ U.S. Citizen: Yes _____ No _____
Resident Address: _____
City/Town: _____ State: _____ ZIP: _____
Home Telephone #: _____ Cell Phone #: _____
E-mail Address: _____
Parent(s) or Guardian(s) Name: _____
Address (If different from yours): _____
City/Town: _____ State: _____ ZIP: _____
Home Telephone #: _____ Cell Phone #: _____
Members of Household: (Please check or circle) Father ___ Mother ___ Brother(s): 1 2 3 4 Sister(s): 1 2 3 4
Family's Annual Income: (Please check one)
 ___ \$0-\$15,000
 ___ \$15,001-\$30,000
 ___ \$30,001-\$50,000
 ___ \$50,001-\$75,000
 ___ If more than \$75,000, fill in amount \$ _____

Name of college, university or technical institution that you have applied to and/or been accepted.

City/State _____ Zip _____

Estimated Yearly Financial Summary Expenses: (must be completed)

Tuition and fees:	\$ _____
Room and board:	\$ _____
Books/Supplies:	\$ _____
Other (Specify):	\$ _____
TOTAL:	\$ _____
Scholarships:	\$ _____
Loans:	\$ _____
Full/Part-time work:	\$ _____
Parents' Contribution:	\$ _____
Other Contribution(s):	\$ _____
TOTAL:	\$ _____
UNMET NEED:	\$ _____

Current High School:

City/Town: _____ State: _____ ZIP: _____
Guidance Counselor/Advisor: _____ Telephone #: _____

The following information MUST be submitted with your application or your application will not be considered:

1. An original transcript of your most current grades **AND** a letter(s) of recommendation from a teacher and/or counselor/advisor.
2. An essay min. 250-500 max. words describing your career goals/aspirations **AND** how your career choice will impact your community.
3. Attach a brief statement on your financial need and indicate any special circumstances concerning your need.

Applicant Signature (**MUST BE SIGNED**) _____ Parent/Guardian Signature (**MUST BE SIGNED**) _____

APPLICATION AND REQUIRED DOCUMENTATION MUST BE POSTMARKED BY APRIL 30, 2020
TO: The Providence Chapter of Chums, Inc. Scholarship Committee, P. O. Box 40746, Providence, RI 02940