

2020 THOMAS RYAN MEMORIAL SCHOLARSHIP

ONE (1) \$5,000 EDUCATION SCHOLARSHIP

1. NAME OF APPLICANT _____
2. ADDRESS _____
3. DATE OF BIRTH _____ SOCIAL SECURITY # _____
4. NAME OF FOREBEARER BY WHICH APPLICANT IS ELIGIBLE _____
5. RELATIONSHIP _____
6. INCLUDE DOCUMENTATION OF MILITARY SERVICE. _____

7. NUMBER OF DEPENDENT CHILDREN IN FAMILY: (INCLUDING SELF) UNDER 18 YEARS _____
OVER 18 YEARS _____ GRADE LEVEL _____
8. OCCUPATION OF FATHER (STEPFATHER) _____ ANNUAL INCOME \$ _____
9. OCCUPATION OF MOTHER (STEPMOTHER) _____ ANNUAL INCOME \$ _____
10. GOVERNMENT COMPENSATION/PENSION RECEIVED BY PARENT AND/OR CHILDREN
\$ _____
COMPENSATION OR PENSION FOR APPLICANT IF MOTHER HAS REMARRIED OR IS
DECEASED \$ _____
11. ARE YOU ELIGIBLE FOR/OR DRAWING SOCIAL SECURITY BENEFITS? YES _____ NO _____
12. IF SO, AMOUNT \$ _____ TIME LIMIT OF BENEFITS _____
13. DATE OF GRADUATION FROM **BURLINGTON CITY HIGH SCHOOL** _____
14. NAME AND LOCATION OF COLLEGE, UNIVERSITY OR SCHOOL OF HIGHER LEARNING YOU
DESIRE TO ATTEND _____
15. THE VOCATION YOU PLAN TO PURSUE _____
16. ESTIMATED TOTAL ANNUAL EXPENSE FOR SCHOOL CHOSEN \$ _____

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF COMMANDER