

***KHIGH RONDEL STEPHENS
MEMORIAL SCHOLARSHIP FUND, INC.
P.O. Box 927
New Brunswick, NJ 08901-0927***

SCHOLARSHIP APPLICATION

(Please type or print clearly)

NAME _____ AGE _____ MALE/FEMALE _____

SOCIAL SECURITY NUMBER XXX-XX-_____ U.S.CITIZEN(Y/N) _____
(last four digits only)

PERMANENT ADDRESS _____
No. & Street

_____ PHONE # _____
City/State Zip

HIGH SCHOOL/COLLEGE _____

SCHOOL ADDRESS _____ PHONE # _____

SPECIFY COLLEGE ATTENDING/CHOICES: _____

MOTHER/GUARDIAN NAME _____ OCCUPATION _____

FATHER/GUARDIAN NAME _____ OCCUPATION _____

PARENT /(S) COMBINED INCOME _____

Include signed copy of parent's 2023 Income Tax Return

HOUSEHOLD SIZE _____

SPECIAL CIRCUMSTANCES (OPTIONAL) _____

(you may attach additional information on separate sheet if needed)

HAVE YOU COMPLETED THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA)? _____ YES _____ NO

LIST REFERENCES:

1. _____ 2. _____

APPLICATION PACKET DEADLINE APRIL 15, 2024