

RAYMOND COALITION FOR YOUTH, INC

SCHOLARSHIP APPLICATION FORM

APPLICATIONS NEED TO BE POSTMARKED NO LATER THAN APRIL 14, 2024

Name:		Sex: M or F	
Address:		Home Phone:	
Email:		Cell Phone:	
Family Information			
A. Year Raymond Residence wa	as established:		
B. Mother's Occupation:			
C. Employer:	City/Town:		
D. Father's Occupation:			
E. Employer:	City/Town:		
F. Guardian's Occupation:			
G. Employer:	City/Town:		
H. Brothers and/or sisters livin	g at home or at co	ollege: (Circle as applicable)	
Name:	Age:	Part/Full Time Employment/School	
Name:	Age:	Part/Full Time Employment/School	
Name:	Age:	Part/Full Time Employment/School	
Name:	Age:	Part/Full Time Employment/School	
Attending High School:		Name of Principal:	
Post-Secondary Institute Selec	ted/Accepted:		
First Choice: _			
Second Choice	::		

Please proceed to page two for additional questions.

Applicants are required to have actively participated in RCFY Youth Action Meetings and/or Activities for at least one school year. How many years have you been a member of RCFY Youth Action?

Please explain how you have been involved with RCFY.	
Required: As a separate attachment, or include below, two e	ssays of 125 - 250 words each describing:
A. Why being a part of the Raymond Coalition For Youth - Yo	outh Action is important to you?
B. What message would you like to send to adults about the in our community?	challenges and supports available to youth
Please describe special circumstances that you wish to share	which may be pertinent to this scholarship:
Do you intend to stay involved with RCFY post-graduation an	d if so please explain how?
How did you learn about the availability of the Raymond Coa	llition For Youth Scholarships?
Student Signature	Date
Parent/ Guardian Signature	Date

Completed applications to be postmarked to the Raymond Coalition for Youth,4 Epping Street, Raymond, NH 03077 or emailed to info@rcfy.org, by April 14, 2024.