

RICKER SCHOLARSHIP FUNDS
P.O. BOX 1016
HOULTON, ME 04730
PHONE: 532-4475

E-Mail: rickerscholarship@gmail.com

TO: ALL RETURNING SCHOLARSHIP RECIPIENTS
FROM: GARY R. BOSSIE, EXECUTIVE DIRECTOR
RE: THIS REAPPLICATION FOR SCHOLARSHIP

NOTE: This form will be sent to your home address each summer in June or July. It must be returned to this office NO LATER THAN SEPTEMBER 1ST IN ORDER TO CONTINUE YOUR SCHOLARSHIP. Failure to do so will indicate that you are not enrolled in college and/or you are withdrawing from college. In this case, your award will be assigned to another eligible applicant. It is your responsibility to complete this form as soon as you can before the deadline: DO NOT PUT IT OFF AND JEOPARDIZE YOUR SCHOLARSHIP. Please complete the form below legibly.

YOUR NAME AND DATE OF RESPONSE: _____ DATE: _____

YOUR HOME ADDRESS: _____

IS ABOVE ADDRESS THE SAME AS LAST YEAR? YES NO (Do not leave this blank)

YOUR HOME PHONE NUMBER: _____

YOUR HIGH SCHOOL GRADUATION DATE WAS (MAY) (JUNE) 200_

THE NAME OF YOUR HIGH SCHOOL? _____

COLLEGE YOU ARE ATTENDING THIS FALL: _____

Same as last year? ()yes ()no

ADDRESS OF BUSINESS (BURSAR'S) OFFICE: _____

ADDRESS OF FINANCIAL AID OFFICE: _____

(Town, city, state, zip, box number?): _____

In what year do you expect to complete your FOURTH YEAR?: _____

Are you in a FIVE-YEAR program? ()yes

YOUR SOCIAL SECURITY NUMBER (clearly): _____

YOUR CAMPUS OR APT. ADDRESS AND PHONE NUMBER: _____

YOUR PLANNED OR ACTUAL MAJOR FIELD: _____

YOUR COLLEGE CALENDAR (if different from conventional two semesters)

SEND THIS INFORMATION BACK.