ELIGIBILITY:
Orange resident enrolled in public, private, parochial school entering his/her first year of post-secondary education.

TYPES OF QUALIFYING POST-SECONDARY EDUCATION:
Vocational, community college, four year college or university

REFERENCES:
Two references required (excluding relatives) - One must be from a school counselor or teacher

TRANSCRIPT: Transcript MUST be sent from your school. Speak to your guidance counselor to assure this is done by the deadline date (see Submission of Information below).

CRITERIA FOR SELECTION: Financial need - scholarship - leadership

COMPLETE ALL FORMS WITH PEN CONTAINING "BLACK INK" – PRINT OR TYPE EVERYTHING – no cursive writing.

LEADERSHIP ROLE(s):
Complete the Leadership Role Form for only those groups, clubs, or organizations in which you have demonstrated leadership.

SCHOLARSHIPS AVAILABLE, AND AMOUNTS:
1. Ashlie Krakowski Scholarship total amount to be awarded will be $5,000 in 2024. Applicants interested in pursuing academic studies in the field of Nursing or related health care fields.
2. Additional awards will be made depending on annual fund raising and total number of awards are based on number of applications received.

DELIVERY OF SCHOLARSHIP FUNDS:
Scholarship checks will be mailed to the post-secondary institution that the student will be attending.

APPLICATION DEADLINE DATE: April 22nd. Late or incomplete applications will NOT be processed. Applicant is responsible for submission and verification of ALL requested information (references, transcripts, application forms) and mailing thereof by the due date.

SUBMISSION of INFORMATION:
All application materials:
email to info@orangescholarshipfund.com
or mail to Sabra Donovan
390 Lambert Road
Orange, CT 06477
Parents: Submission of your Federal Tax Form (Pages 1 and 2 of Form 1040) is required to substantiate income data. All tax forms are maintained as confidential and destroyed soon after the scholarships are awarded.

Orange Scholarship Fund Association
Student Application Form – Page 1

Name of Applicant __________________________________________ Date of Birth ____________________
Address ___________________________________________________________________________________
Phone No. __________________________ Social Sec. No. ________________________________________

Work Experience – (1) Place of work (2) Duties (3) Dates
1 ____________________________________________________________________________ 2 ___________ 3 ___________
1 ____________________________________________________________________________ 2 ___________ 3 ___________
1 ____________________________________________________________________________ 2 ___________ 3 ___________

Brief statement concerning your education goal: ____________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

School Activities: See Student Activities Form.

Leadership Roles: See Leadership Role Form.

Do you plan to work while attending college? Yes __________ No __________

College/University applied to: __________________________________________________________
____________________________________________________________________________________
College/University accepted to: __________________________________________________________
____________________________________________________________________________________
Intended major – if known: ______________________________________________________________
____________________________________________________________________________________

What have you done to acquire information/experience in the above area of interest? If the area of interest is unknown at this time, leave blank.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What do you hope to achieve by enrolling in your post-secondary school? __________________
____________________________________________________________________________________

Name of other scholarships or financial aid programs you have or will apply for:
____________________________________________________________________________________

Name of other scholarships or financial aid programs you were awarded and dollar amount:
____________________________________________________________________________________
Your current total savings /investments (include bank accounts, stocks, bonds) $ ____________________________

Anticipated earnings this summer: $ ____________________________

Financial aid needed for the coming school year: $ ____________________________

Of all the students who will apply for financial assistance through the Orange Scholarship Fund, why should you be selected? ____________________________

Note: If there is any additional pertinent information that would aid the committee in its deliberations please attach a separate sheet.

I certify that the answers given above are complete and accurate.

Student’s signature ____________________________ Date ______________

Student Additional Pertinent Information Form
To be completed by the student if needed

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Student Additional Pertinent Information Form
To be completed by the student if needed
Briefly list activities or organizations, in or out of school in which you have participated. Describe the activity, the dates you were involved and the nature of your commitment as well as your leadership role.

1. ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

2. ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
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3. ____________________________________________________________________________________
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4. ____________________________________________________________________________________
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   ____________________________________________________________________________________
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5. ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

6. ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
Orange Scholarship Fund Association

Parental Form – to be completed by the parent(s)

Name of parents:
Father ________________________________________________________________
Mother ________________________________________________________________
Name of guardian _______________________________________________________

Employer  City, State  Full or Part time
Father ________________________________________________________________
Mother ________________________________________________________________
Occupation:  Father __________________________ Mother _______________________________

Financial Disclosure - Please attach a copy of pages 1 and 2 (Form 1040) of last year’s Federal Income Tax Return. All information will be kept confidential. Form 1040 will be destroyed soon after scholarships are awarded. Social Security Number can be redacted by you for your confidentiality.

Adjusted Gross Income from Federal Income Tax Return

<table>
<thead>
<tr>
<th></th>
<th>Last Year</th>
<th>This Year Estimated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint Return</td>
<td>$ ____________</td>
<td>$ ____________</td>
</tr>
<tr>
<td>Or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Ret (Father)</td>
<td>$ ____________</td>
<td>$ ____________</td>
</tr>
<tr>
<td>Individual Ret (Mother)</td>
<td>$ ____________</td>
<td>$ ____________</td>
</tr>
</tbody>
</table>

Briefly describe non-insured medical expenses for the next twelve (12) months.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Own home?  Yes _____ No _______  Mortgage amount on home $ ____________
Total savings and investments (include bank, stocks, bonds, trusts) $ ____________
Number of children _______ Age of each child ________  ______  ______  ______  ______

Provide an explanation why this application for your child’s scholarship aid should be granted. Include personal circumstances as pertinent to this request for assistance. Attach a separate sheet.

Indicate the sources from which you will meet your child’s tuition for the first year.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Signatures:  Father ___________________________________________ Mother ______________________
Orange Scholarship Fund Association

Parental Form – to be completed by the parent(s)

Parental Supplemental page for explanation why child’s scholarship aid should be granted

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

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________________________________________________________

________________________________________________________

________________________

Signatures: Father/ Mother ______________________________________
Orange Scholarship Fund Association

Requirement Forms Checklist

Please initial after each line below indicating you have completed and submitted that section of your application. This checklist with all required forms/letters/information MUST be attached for application submission.

1. Application Form - Page 1 & 2; completed, signed and attached
   _______
   Initials

2. Student Additional Pertinent Information Form – completed (if necessary)_______
   Initials

3. Student Activities / Leadership Form – completed and attached
   _______
   Initials

4. Reference Letter I - Requested from _________________
   _______
   Initials

5. Reference Letter II - Requested from _________________
   _______
   Initials

6. Transcript- Requested from _________________
   _______
   Initials

   Request the Reference Letter I, Reference Letter II and transcript to be sent prior to the application deadline:
   email to info@orangescholarshipfund.com

   or mail to Sabra Donovan
   390 Lambert Road
   Orange, CT 06477

   _______
   Initials

7. Parental Form completed and attached
   _______
   Initials

8. Parental Supplemental Page completed (if necessary)
   _______
   Initials

9. Federal Income Tax Form – Pg. 1 & 2 of Form 1040 (latest year)
   See item 6 above as to where to send this form
   _______
   Initials

Applicant must print and sign below to indicate that he/she understands and has completed the above checklist. Late or incomplete applications will NOT be processed.

_________________________________ _________________________________
Printed name of applicant     Signature of Applicant                                        Date