2015 DOMINIC J. ROUX SCHOLARSHIP APPLICATION

Applicant name:			
Address:			
City:		Zip:	
Home Phone Number:	Date of Birth:		
Applicants Account #:	Household Account #(s)		
Name of High School:			
GPA:	GPA Scale:		
Name of High School Guidance C	ounselor or Other School Authori	ty who can confirm activities and	
GPA:	Phone #:		
Name of College You Are or Will	Be Attending:		
College GPA:	GPA Scale:		
Name of College Advisor or Other			
	Phone #:		
List all school and volunteer activi	ties:		
1.)	4.)		
2.)	5.)	5.)	
3.)	6.)		
Name of Employer (if applicable):			
Start Date:	Average number of he	Average number of hours per week:	
Name of Supervisor:	Phone # of Employer:		
Estimated Annual Household Inco	me (excluding applicant):		
On a separate sheet, please attach a	an essay up to 500 words detailing	g why you want to attend college.	

Finalists will be asked to provide copies of their own or parent's prior year W-2 or 1040.

RETURN APPLICATION AND ESSAY TO D. OUELLETTE BY APRIL 30, 2015.