

2021 THOMAS RYAN MEMORIAL SCHOLARSHIP

ONE (1) \$5,000 EDUCATION SCHOLARSHIP

1. NAME OF APPLICANT \_\_\_\_\_
2. ADDRESS \_\_\_\_\_
3. DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_
4. NAME OF FOREBEARER BY WHICH APPLICANT IS ELIGIBLE \_\_\_\_\_
5. RELATIONSHIP \_\_\_\_\_
6. INCLUDE DOCUMENTATION OF MILITARY SERVICE. \_\_\_\_\_  
\_\_\_\_\_
7. NUMBER OF DEPENDENT CHILDREN IN FAMILY: (INCLUDING SELF) UNDER 18 YEARS \_\_\_\_\_  
OVER 18 YEARS \_\_\_\_\_ GRADE LEVEL \_\_\_\_\_
8. OCCUPATION OF FATHER (STEPFATHER) \_\_\_\_\_ ANNUAL INCOME \$ \_\_\_\_\_
9. OCCUPATION OF MOTHER (STEPMOTHER) \_\_\_\_\_ ANNUAL INCOME \$ \_\_\_\_\_
10. GOVERNMENT COMPENSATION/PENSION RECEIVED BY PARENT AND/OR CHILDREN  
\$ \_\_\_\_\_  
COMPENSATION OR PENSION FOR APPLICANT IF MOTHER HAS REMARRIED OR IS  
DECEASED \$ \_\_\_\_\_
11. ARE YOU ELIGIBLE FOR/OR DRAWING SOCIAL SECURITY BENEFITS? YES \_\_\_\_\_ NO \_\_\_\_\_
12. IF SO, AMOUNT \$ \_\_\_\_\_ TIME LIMIT OF BENEFITS \_\_\_\_\_
13. DATE OF GRADUATION FROM **BURLINGTON CITY HIGH SCHOOL** \_\_\_\_\_
14. NAME AND LOCATION OF COLLEGE, UNIVERSITY OR SCHOOL OF HIGHER LEARNING YOU  
DESIRE TO ATTEND \_\_\_\_\_
15. THE VOCATION YOU PLAN TO PURSUE \_\_\_\_\_
16. ESTIMATED TOTAL ANNUAL EXPENSE FOR SCHOOL CHOSEN \$ \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF COMMANDER