THE REVEREND ROBERT B. PARKER MEMORIAL FUND
SPIRIT OF ADVENTURE COUNCIL

The application is due no later than **May 15th, 2024 at 11:59PM EST** for Applicant Year 2024-2025.

Please use this downloadable application as reference of what you will need to completely fill out when submitting digitally. All fields below will be identical during you digital submission. Feel free to print this and reference it with your family and anyone assisting you in completing it. When ready, please proceed to the application links on the site. (https://revparkermemorialfund.org)

Please also make sure you have **ALL THE ATTACHMENTS** ready as well. You will not be able to send your filled out application without them as they are required to submit successfully. You cannot save partially completed applications.

If not submitting the current semester's transcript, please use the last completed semester for your submission and once you do have the current semester transcript available, submit it to applications@revparkermemorialfund.org.

<u>WORKSHEET ONLY. NOT FOR SUBMISSION.</u>
PLEASE USE THE
DIGITAL VERSIONS AVAILABLE AT
REVPARKERMEMORIALFUND.ORG

PERSONAL INFORMATION

Name:_____Birthdate:_____

Mailing Address:_____

Home phone: _____Cell Phone: _____ E-mail:_____

Father's Name:_____ Occupation:_____

Father's Address:_____

Mother's Name:_____ Occupation:_____

Mother's Address:_____

Brothers & Sisters (Names, ages, occupations): _____

EDUCATIONAL RECORD
Please list the name and address of each school attended and date of graduation:

College planning to attend: _____

Previous college if changed institutions: _____

Expected Graduation Date from current school: _____ Current **Cumulative** Grade Point Average _____

SCOUTING MEMBERSHIP RECORD

To receive a Parker Scholarship, you must be registered with the Scouts.

A. I am currently registered with:

• Unit (Type & No.) _____ in (Town)_____

• College Reserves ___ yes ___ no

• Scouting History:

• Cub Pack # & Town _____ Dates:_____ Rank:_____

• Scout Troop # & Town _____ Dates:_____ Rank:_____

• Venture Crew # & Town _____ Dates:_____

PARENT'S INCOME INFORMATION FOR THE COMING YEAR

Father's expected annual income: $_____

Mother's expected annual income: $_____

Expected investment income earned by parents: $_____

Does the applicant's parent(s) own or rent the family home?   Own _____   Rent_____

Parent's marital status: Married _____   *Divorced_____

*If the parents' marital status is checked as 'divorced', please answer next question.

Financial support received from: 2 parents ____   Mother ____   Father_____

STUDENT'S INCOME INFORMATION

Expected gross summer earnings: $_____

Expected gross income during coming school year: $_____

Amount of earnings from above applied towards College education: $_____

Other grants expected in the coming year. Please list organization providing the grant and the expected amount.

Organization	Amount
Parker Scholarship	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____

FAMILY EDUCATION EXPENSES

Number of siblings attending schools with tuition requirements (i.e. college, private schools) _____

List the above noted schools and the costs incurred for each School's Annual Total Cost of Attending

_____ $_____

_____ $_____

_____ $_____

Has the family incurred any extraordinary expenses during the past year that the Parker Scholarship Committee should take into

consideration, if so, what? _____

BUDGET
Please list all anticipated expenses for the coming college year and the income sources, which will fund these expenses (the Total Expenses and Total Income Sources **must equal one another**).

EXPENSES:

Tuition: $_____

Room Board: $_____

Books: $_____

Commuting Costs: $_____

**Other – Specify: $_____

_____ $_____

_____ $_____

_____ $_____

_____ $_____

_____ $_____

TOTAL EXPENSES: $_____

INCOME SOURCES:

Student Earnings: $_____

Student Savings: $_____

*Family: $_____

College award: $_____

Loans: $_____

Parker Scholarship: $_____

**Other – Specify: $_____

_____ $_____

_____ $_____

_____ $_____

_____ $_____

TOTAL INCOME: $_____

* Income Sources – Family – should only show that amount from the family annual income which will be directed to the college expenses. The same applies for Earnings (student) and Savings.
** Expenses – could include athletic fees, student or special fees, etc. Income Sources – please include scholarship or grant funding, special financial aid, or any other sources of income that may have been awarded.

_____   _____
Applicant's Signature   Date

PLEASE REVIEW FOR ACCURACY AND COMPLETION BEFORE SUBMITING.

YOU WILL NOT BE ABLE TO EDIT THIS APPLICATION ONCE IT IS SUBMITTED.

CLICKING THE '*CLICK TO SIGN*' BUTTON THAT APPEARS BELOW (WHEN

APPLICATION IS COMPLETE) WILL SUBMIT APPLICATION.