

## ***GATEWAY FOUNDATION STUDENT SCHOLARSHIP APPLICATION***

### **TO THE APPLICANT:**

Please complete this application so we can determine your eligibility for receiving funds set aside to help students who plan to go on to postsecondary education.

Complete your sections of this application at your earliest convenience, then forward the application to the person you have selected to complete the appraisal (page 4). You are encouraged to select a school or college counselor or teacher. If this procedure is inappropriate, you may select an employer, member of the clergy, a job supervisor, or any other person who is in a position to evaluate you according to the criteria given.

If any questions are not applicable to your current situation, please attach an explanatory note referring to the questions by section. If more space is required for information on any items, you may attach additional information. Please indicate appropriate sections.

You are responsible for seeing that all supporting documents are submitted.

**REMEMBER:** This application becomes valid only when the following have been submitted:

1. Gateway Foundation Student Scholarship Application, four pages;
2. Parent Contribution Questionnaire (PCQ), one page;
3. A 250 word essay entitled, "What I learned by doing community service this year;" and
4. Current transcript of grades.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (if student is less than 18 years old) \_\_\_\_\_

Signature of chapter official \_\_\_\_\_ State \_\_\_\_\_

Name of Chapter Gateway Foundation – Rotary Scholarship

ID #

AWARD AMOUNT

PLEASE PRINT OR TYPE

**APPLICANT DATA**

Mr. ☐ Ms. ☐ Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_ Social Security Number (Optional) \_\_\_\_\_

Permanent Address \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Date of Birth (month, day, year) \_\_\_\_\_ Telephone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_

Permanent mailing address of parent/guardian if different from applicant \_\_\_\_\_

\_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

\_\_\_\_\_ Telephone Number \_\_\_\_\_

**SCHOOL DATA**

High School Attended \_\_\_\_\_ Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Address \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name of High School Principal \_\_\_\_\_

Name of postsecondary school for which applicant's scholarship is requested: \_\_\_\_\_

4-year College/University ☐ Vo-Tech ☐  
Community College ☐ Other ☐

Accredited? Yes ☐ No ☐

Address \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Year in postsecondary program during coming school year: Undergraduate 1 2 3 4 5 or Graduate 6

Student will: ☐ Live on campus ☐ Live off campus ☐ commute

Enrolled: ☐ less than half-time ☐ half-time or more ☐ full-time

Anticipated date of graduation from postsecondary program \_\_\_\_\_ (month) \_\_\_\_\_ (year)

Major field of study applicant plans to pursue \_\_\_\_\_

**DEMOGRAPHIC DATA (optional)**

Please Check All that Apply:

- ☐ African American/Black ☐ Asian/Pacific Islander ☐ Hispanic/Latino ☐ Native American/Alaska Native
- ☐ White/Caucasian ☐ Other (Please Specify) \_\_\_\_\_

## OTHER AWARDS

Please list below the names and amounts of any grants or scholarships that you have been awarded for the coming school year.

Name of Award	Amount	Granted	Pending

## PERSONAL DATA

Describe your work experience during the **past 4 years**. Indicate dates of employment in each job and approximate number of hours worked each week.

Position	Date From (mo/yr)	Date To (mo/yr)	Hours Per Week

List all school activities in which you have participated during the **past 4 years** (e.g., student government, music, sports, etc.) List all community activities in which you have participated without pay during the **past 4 years** (e.g., Red Cross, church work, volunteer work). Indicate all special awards and honors.

Activity	No. of Years Partic.	Special Awards, Honors, Offices Held	Activity	No. of Years Partic.	Special Awards, Honors, Offices Held

Make a statement of your plans as they relate to your educational and career objectives and future goals.

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

**APPLICANT APPRAISAL (REQUIRED)**

To be completed by a high school or college counselor or advisor, an instructor, or a supervisor.

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return to applicant or photocopy this section and return to applicant in a sealed envelope.

The applicant's choice of a postsecondary education program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments (Do not name student) \_\_\_\_\_

Appraiser's Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

Appraiser's Business Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

**TRANSCRIPT INFORMATION**

1. High school seniors and students who have completed less than one full semester of postsecondary education must include a high school transcript of grades and have the following section completed by the appropriate school official.
2. Students currently enrolled in college or vocational-technical school must include recent college or vo-tech transcript of grades. (Completion of the following section is not necessary.)

Applicant ranks \_\_\_\_\_ in a class of \_\_\_\_\_ Cumulative grade point average \_\_\_\_\_ /4.0 scale

SAT Critical Reading \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_ ACT Composite \_\_\_\_\_

School Official's Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

School Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

**APPLICATION CHECKLIST**

This application for student aid becomes complete only when you have returned the following materials (Two first-class stamps are required for mailing.)

- ☐ Application
- ☐ All required signatures
- ☐ Current Transcript of Grades
- ☐ Application Deadline: May 16, 2025 \_\_\_\_\_

**Return Application To: John C. Mable, Esq. - 45 Linden Street - Brattleboro, VT 05301**

# Gateway Foundation – Rotary Scholarship

## PARENT CONTRIBUTION QUESTIONNAIRE (PCQ)® for 2025-2026 school year

\*See reverse side for instructions to assist in completing this form

### A. STUDENT INFORMATION – please print

☐ Mr. ☐ Ms. **STUDENT** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**Note: The PCQ should be completed using the parent's financial information (Section B)**

### B. PARENTS' INCOME, EXPENSE, AND ASSET DATA (FOR THE YEAR JANUARY 1, 2024 TO DECEMBER 31, 2024)

The applicant's parent(s) must complete the following section. **NOTE:** If legally classified as an independent student, use this section to supply your (and your spouse's, if any) financial information. Indicate whether the information is from:

☐ Estimates based on current income information to be filed by April 15, 2025

☐ A completed tax return - IRS Form 1040 filing date of April 15, 2025

1. State of Residence \_\_\_\_\_

2. Adjusted gross income (IRS Form 1040 – Line 37) \_\_\_\_\_ \$ \_\_\_\_\_

3. Total federal tax paid (IRS Form 1040 – Line 61) \_\_\_\_\_ \$ \_\_\_\_\_

4. Total income of father or self if independent student \_\_\_\_\_ \$ \_\_\_\_\_

Total income of mother \_\_\_\_\_ \$ \_\_\_\_\_

5. Yearly untaxed income and benefits: Please indicate source - ☐ Social Security ☐ AFDC  
☐ Child Support ☐ Other \_\_\_\_\_ \$ \_\_\_\_\_

6. Medical/Dental expenses not paid by insurance (exclude premiums) \_\_\_\_\_ \$ \_\_\_\_\_

7. Total cash, checking, savings, cash value of stocks, etc. (exclude retirement plan funds, IRA, 401(k), 403(b), etc.) \_\_\_\_\_ \$ \_\_\_\_\_

8. Total number of family members living in the household and primarily supported by the reported income \_\_\_\_\_ # \_\_\_\_\_

9. Marital status of parent/legal guardian or independent student's current marital status is (check one):  
☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

10. Total number of family members attending a postsecondary school at least half-time during the 2024-2025 school year, including applicant – do not include parents in this number \_\_\_\_\_ # \_\_\_\_\_

### C. CERTIFICATION AND SIGNATURES

**CERTIFICATION:** All information on this form is true and complete to the best of my (our) knowledge. If asked by an authorized official of The Gateway Foundation, I (we) agree to give proof of the information that I (we) have given on this form.

I (we) realize that this proof may include a copy of my (our) 2024 U.S. and/or state income tax return. I (we) also realize that if I (we) do not give proof when asked, the student may not receive aid.

Applicant's Signature \_\_\_\_\_

Parent's Signature ☐ Father ☐ Mother  
(Not required for independent student)

Do you have legal custody of the student? ☐ Yes ☐ No

## INSTRUCTIONS FOR COMPLETING THE PARENT CONTRIBUTION QUESTIONNAIRE (PCQ)

- A. **STUDENT INFORMATION:** The scholarship applicant's name should appear on the first line on the PCQ; however, the questionnaire must be completed by the parents of the applicant. An exception is if the applicant is legally classified as an independent student. The independent student must supply his/her (and spouse, if any) financial information.
- B. **PARENTS' INCOME, EXPENSE AND ASSET DATA:** Information on this form must be from the parents' completed tax return or based on estimated information to be filed by April 15, 2025. Be sure to check the appropriate box.
1. **State of Residence** is the state where the parent(s)/independent student reside and pay state income tax.
  2. **Adjusted Gross Income** can be found on IRS FORM 1040 and is gross income increased or reduced by specific adjustments specified by law.
  3. **Total Federal Tax Paid** includes the total amount of **federal** income tax to be paid as reported on IRS Form 1040. This is **not** the amount withheld from employee's paychecks. (The amount withheld should be adjusted by any refund or additional taxes due.) Do **not** report state income tax.
  4. **Total Income of Parent(s)** should be reported individually. Provide information for both natural parents, when possible. **If the student resides with only one parent**, financial information **must** be received from the parent who claims the child as a dependent for tax purposes. If a parent has remarried, the spouse's information is required if the spouse is a legal guardian of the student, or claims the student as a dependent, or the student is included in the spouse's benefit plan. **If necessary, two Parent Contribution Questionnaires may be submitted by the student** (make copy of form as necessary).
  5. **Untaxed Income and Benefits** include any other income or benefits not included in the adjusted gross income figure. Do not include untaxed contributions to retirement plans.
  6. **Medical and Dental Expenses** include only those expenses **not** paid by insurance. Do not include premium payments.
  7. **Total Cash, Checking, Savings, Cash Value of Stocks, etc.**, include liquid assets that can be used for educational expenses. **Do not include** IRA, 401K, or other retirement plan funds.
  8. **Total Number of Family Members** living in the household and primarily supported by the reported income – includes dependent college students living away from home.
  9. **Marital Status** is the current status of the person from whom the financial information is submitted.
  10. **Total Number of Family Members Attending Postsecondary School** includes family members attending a two- or four-year college, university, or vocational-technical school at least half-time. Be sure to include the applicant in this number; however, do **not** include parents even if they are attending school.
- C. **CERTIFICATION AND SIGNATURES:** Both the student and the parent completing the PCQ must sign this form. Parent's signature is not required for an independent student. Please read the Certification box.