



Rhode Islanders Sponsoring Education  
 11 S Angell Street, #394  
 Providence, RI 02906

# SCHOLARSHIP APPLICATION

2023-24 Academic Year

This application form and all supporting documents must be completed and submitted by **March 1, 2023** to be considered. Please send to the address below:

*Kaitlin Della Grotta  
 RISE  
 11 S Angell Street, #394  
 Providence, RI 02906*

**Applications also may be submitted via email to [kdellagrotta@riseonline.org](mailto:kdellagrotta@riseonline.org) as an attachment only. No pictures of applications will be accepted. Applications must be a scanned a copy if you are sending via email.**

**NOTE: We will not accept incomplete or late applications.**

Awards will be announced on May 7, 2023

Student Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Race: **(This has ZERO impact on the application. It is for our records only)** \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Grade \_\_\_\_\_

Current School \_\_\_\_\_ Student Cell: \_\_\_\_\_

Student email: \_\_\_\_\_

Parent / Caretaker Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

Does the applying student currently have a RISE mentor? Yes No  
 Is the applying student currently on the waiting list for a RISE mentor? Yes No

How did you hear about RISE?  
 \_\_\_\_\_  
 \_\_\_\_\_

**FAMILY HISTORY**

**FAMILY HISTORY OF INCARCERATION**

Please provide a brief summary of the impact that incarceration of family members has had on the applying child:

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Legal Name of Biological Mother:

*first*                      *middle*                      *last*                      **DOB** \_\_\_\_\_

Legal Name of Biological Father:

*first*                      *middle*                      *last*                      **DOB** \_\_\_\_\_

- (Please Circle One)
- |  |     |    |
|--|-----|----|
| 1. Is the child's biological mother currently incarcerated?    | Yes | No |
| 2. Was the child's biological mother formerly incarcerated?    | Yes | No |
| 3. Is the child's biological father currently incarcerated?    | Yes | No |
| 4. Was the child's biological father formerly incarcerated?    | Yes | No |
| 5. Does another family member have a history of incarceration? | Yes | No |

If you answered "Yes" to any of the questions above, please briefly explain the charges of the biological parent and how much time was or is being served:

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Highest education level completed by the child's biological mother: \_\_\_\_\_

Highest education level completed by the child's biological father: \_\_\_\_\_

Has the family ever had any DCYF involvement? (Yes/No)

If Yes, please explain: \_\_\_\_\_

Is this child currently receiving counseling services? (Yes/No)

If Yes, please explain:

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Please list each member of the household:

Name	DOB	Gender (M/F)	Relation to Student
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Is there anything else we should know about the applicant or his/her situation?

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### SCHOOL INFORMATION

Name the schools the student has been accepted to for 2020-21 in order of preference:

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_

Does the applying student have an IEP? Yes/No

Has the applying student repeated a grade? Yes/No If yes, which grade? \_\_\_\_\_

### CURRENT SUPPORT SYSTEM

What activities is the applying student currently involved in outside of school? (ie sports, clubs, volunteering):

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Who are the most important adults in this child's life?

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Name	Relation to student
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Name	Relation to student
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Name	Relation to student
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**STUDENT ESSAY QUESTION**

*Applying students: Respond to the following prompt in an essay of **800-1,000 words (2 pages minimum)**.*

**Discuss the importance of education and how it relates to the challenges you have faced in your life, specifically related to parental incarceration. Why do you believe attending a private school will help you overcome these challenges?**

**FIANCIAL INFORMATION FORM**

**1.** Student's Name: \_\_\_\_\_

**2.** Address: \_\_\_\_\_  
\_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ Home/Cell (circle one)

Email: \_\_\_\_\_

**3.** Student is living with:    Both Parents    Mother    Father    Guardian  
Parents' Marital Status:    Married    Separated    Divorced    Widowed    Single

**4.** MOTHER (or GUARDIAN)    FATHER (or GUARDIAN)

**Parent #1/Guardian Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ Home/Cell (circle one)

Email: \_\_\_\_\_

Race: \_\_\_\_\_

Annual Salary: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

5. Parent #2/Guardian Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ Home/Cell (circle one)

Race: \_\_\_\_\_

Email: \_\_\_\_\_

Annual Salary: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

6. What is your annual household income? \_\_\_\_\_

7. # of dependent children in Elementary School \_\_\_\_\_ High School \_\_\_\_\_

College \_\_\_\_\_

8. Are you on Public Assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No

9. Amount received monthly: \_\_\_\_\_

Amount of food stamps received monthly: \_\_\_\_\_

10. If you are receiving Social Security, what is the amount received each month?

(please attach documentation)

For you \$ \_\_\_\_\_ For spouse \$ \_\_\_\_\_

For children \$ \_\_\_\_\_

11. If you are separated or divorced, how much money on a monthly or yearly basis do you receive from your spouse? \_\_\_\_\_

12. What is your monthly rent/mortgage?

\_\_\_\_\_

13. Do you have any other source(s) of income or assets? Yes \_\_\_\_\_ No \_\_\_\_\_

14. If yes, what are they and how much annual income do they provide? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Proof of Income:

(APPLICATION WILL NOT BE CONSIDERED COMPLETE IF THIS IS NOT RECEIVED)

Each Parent/Guardian/Step-parent must include documentation of income in **TWO** of the following forms:

- Your most recent Federal and State tax returns filed (Form 1040A or 1040EZ); **AND**

- A copy of a W-2 Form and 2 pay stubs (or one month's worth of pay stubs) from your current, or most recent, job **OR**
- Documentation of public assistance (Supplemental Security Income, etc.)

**16.** Please tell us the circumstances that make financial aid necessary:

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By signing below, I declare that the information provided in this Financial Aid Form is true, correct and complete to the best of my knowledge.

Name of Parent or Guardian (please print or type):

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***The following documents are required for a complete application:***

- Completed Scholarship Application Form
- Response to the essay question from the student
- Copy of the most recent report card
- Copy of acceptance letter(s) from student's school of choice in Rhode Island for the 2021-2022 academic year **(Please send as soon as this becomes available. If you do not have an acceptance letter yet, please indicate that. You will still be considered.)**
- Copy of parent's discharge papers from ACI, other substantial proof of arrest/incarceration. Please contact us if you have trouble obtaining this information.
- Financial information form
- Current Photo of your child

**Please note that RISE has a limited number of scholarships available, therefore, acceptance into the Scholarship Program cannot be guaranteed.**