

**RADNOR HIGH SCHOOL SCHOLARSHIP FUND  
SCHOLARSHIP APPLICATION 2025**

**APPLICANT INFORMATION** (Student please print.)

Name of applicant:

\_\_\_\_\_

Email:

\_\_\_\_\_

Address:

\_\_\_\_\_

# and Street	Apt.	Town	State	Zip
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Telephone: Preferred # to call: \_\_\_\_\_

Secondary #: \_\_\_\_\_

Are you a United States citizen or permanent resident of the United States?    Yes      No

Have you lived in Radnor Township while attending Radnor High School?      Yes      No

How many years have you attended the Radnor Township School District public schools?

\_\_\_\_\_

Circle all grades attended as a student at Radnor High School:    9      10      11      12

Elementary school attended: Circle all that apply.

lthan      Radnor      Wayne      Other

Will you be enrolled full-time toward a degree or certification in a post-secondary program?

Yes      No

**EXTRACURRICULAR ACTIVITIES\*\***

\*\*Please use space below or attach an activities resume/profile.

\_\_\_\_\_  
\_\_\_\_\_

**FUTURE PLANS**

**Priority 1:**

Name of institution planning to attend:

\_\_\_\_\_

Accepted ( )      No decision made ( )      Wait List ( )

Estimated early tuition: \$ \_\_\_\_\_

Estimated yearly room and board: \$ \_\_\_\_\_

Major field of study:

**Priority 2:**

Name of institution planning to attend:

Accepted ( )      No decision made ( )      Wait List ( )

Estimated early tuition: \$ \_\_\_\_\_

Estimated yearly room and board: \$ \_\_\_\_\_

Major field of study:

**Priority 3:**

Name of institution planning to attend:

Accepted ( )      No decision made ( )      Wait List ( )

Estimated early tuition: \$ \_\_\_\_\_

Estimated yearly room and board: \$ \_\_\_\_\_

Major field of study:

List Family Members and All Dependents

Please list each person you are including in the household on the FAFSA.

*Please indicate if a person is attending college in 2024-2025 half-time or full-time.*

#	Name	Age	Relationship	Occupation	School Attending	College- Half-time or Full-time
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

**Unusual Circumstances:** Please describe any unusual circumstances creating the need for financial aid. Use the space below or attach letter if necessary.

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**FINANCIAL NEED**

How do you plan to meet college costs? Please check all that apply:

- Family contribution
- Applicant contribution
- Student and/or parent loans
- Scholarships and Grants--Please list name(s) and amount(s) below:

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**FINANCIAL INFORMATION** (Parent please print.)

**Parent One** (The parent with whom the applicant resides.) If *Parent One* has remarried, *Parent Two* is the spouse of *Parent One*.

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

Age: \_\_\_\_\_

Marital status: \_\_\_\_\_

Employer: \_\_\_\_\_

Nature of employment, business, or occupation: \_\_\_\_\_

Annual salary or income from business, employment, or other:

\$ \_\_\_\_\_

**Parent Two** (The parent with whom the applicant resides.) If *Parent Two* has remarried, *Parent One* is the spouse of *Parent Two*.

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

Age: \_\_\_\_\_

Marital status: \_\_\_\_\_

Employer: \_\_\_\_\_

Nature of employment, business, or occupation: \_\_\_\_\_

Annual salary or income from business, employment, or other:

\$ \_\_\_\_\_

**Joint Information:** Location of all real estate properties. Include primary residence as well as other properties (e.g., vacation, properties owned for rental purposes).

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**Primary (Mailing Address) Residence:**

Address:

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Do you own or rent this property? \_\_\_\_\_

Estimated value of the property (not the assessment): \_\_\_\_\_

Amount owed on property:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Other properties** (Use an additional sheet if necessary):

Address:

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Do you own or rent this property? \_\_\_\_\_

Estimated value of the property (not the assessment): \_\_\_\_\_

Amount owed on property:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Value of assets in name of either Parent One or Parent Two or both:

\$ \_\_\_\_\_

Nature of  
assets\* \_\_\_\_\_

*(\*Do not list tax-sheltered programs such as 401K, 403B, non/college IRA—these items are not included on the FAFSA.)*

If family owns a business, what is the value? \$ \_\_\_\_\_

OR debt? \$ \_\_\_\_\_

Applicant Finances:

Annual Income: \_\_\_\_\_ Savings: \_\_\_\_\_

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**Student Release Statement:**

By signing this statement, I authorize the Radnor High School Guidance Office to collect this information on behalf of the Radnor High School Scholarship Fund. I also understand that all information will be kept confidential and only be released to an outside financial expert for the purpose of evaluating my eligibility for a scholarship. I/we do hereby consent to the use and review of non-financial information contained in the application by members of the Radnor High School Scholarship Fund Selection Committee. I/we represent that the information provided in this application is true, complete, and correct. I/we understand the need to assist in fund-raising

as previously outlined. I/we understand that the decisions of the Radnor High School Scholarship Fund in awarding need-based scholarships are final.

Please note: If you are selected to receive a scholarship from the RHSSF, your photo may be used in a press release to the media, on RHSSF and RTSD websites, and in RHSSF fund-raising materials. By signing this application, you give the Radnor High School Scholarship Fund permission to do so.

→ *Student's signature:* \_\_\_\_\_ *Date:*  
\_\_\_\_\_

→ *Parent One's signature:* \_\_\_\_\_ *Date:*  
\_\_\_\_\_  
*Email and cell phone number:*

→ *Parent Two's signature:* \_\_\_\_\_ *Date:*  
\_\_\_\_\_  
*Email and cell phone number:*

**CHECKLIST**

- Completed and signed Radnor High School Scholarship Fund 2025 Application**
- Attach applicant's Student Aid Report (SAR) of the FAFSA form.**

Applications must be completed, signed by student and parent(s), and then returned to the

**Radnor High School Guidance Office by the deadline of  
Wednesday, March 19, 2025, at 3:30 p.m.**