

**RADNOR HIGH SCHOOL SCHOLARSHIP FUND
SCHOLARSHIP APPLICATION 2026**

APPLICANT INFORMATION (Student please print legibly or **type** your responses.)

Name of applicant: _____

Student's email: _____

Email of parent or guardian: _____

Address: _____

_____ # and Street Apt. Town State Zip

Telephone: Student's cell phone: _____

Parent's cell phone: _____

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.

Ithan 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 yearly 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 yearly 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 yearly tuition: \$ _____

Estimated yearly room and board: \$ _____

Major field of study:

Family Members and All Dependents

Please list each person in your household (including applicant).

Please indicate if a person is attending college in 2025-2026 half-time or full-time.

#	Family Member 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.

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:

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

Name: _____

Age: _____

Marital status: _____

Employer: _____

Nature of employment, business, or occupation: _____

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

\$ _____

Parent /Guardian

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).

Primary (Mailing Address) Residence:

Address: _____

Do you (Circle one.) own or rent this property? _____

Estimated value of the property (not the assessment): _____

Amount owed on property: _____

Secondary or Vacation Residence:

Address: _____

Do you (Circle one.) own or rent this property? _____

Estimated value of the property (not the assessment): _____

Amount owed on property: _____

Income properties. (Use an additional sheet if necessary):

Address: _____

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: _____

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:* _____

→ *Signature of parent/guardian:* _____ *Date:* _____

Email and cell phone number: _____

→ *Signature of parent/guardian:* _____ *Date:* _____

Email and cell phone number: _____

CHECKLIST

- ☐ **Completed and signed Radnor High School Scholarship Fund 2026 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 18, 2026, at 3:30 p.m.**