

**B.R.C.O.T. SCHOLARSHIP APPLICATION**

Return Application to the COT Office by Friday May 4, 2018

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

Mailing address: \_\_\_\_\_  
Street/ PO Box \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Sending School: BHS TA KHS OOB MHS COT Program \_\_\_\_\_

**Parents' or Guardians' Information**

Father's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Total number of adults and children who live in the student's household (include student): \_\_\_\_\_

**Gross Income of Parents/Guardians Combined (check one)**

Under \$30,000 \_\_\_\_\_ \$50,000 - \$70,000 \_\_\_\_\_ \$90,000 - \$110,000 \_\_\_\_\_ over \$130,000 \_\_\_\_\_  
\$30,000 - \$50,000 \_\_\_\_\_ \$70,000 - \$90,000 \_\_\_\_\_ \$110,000 - \$130,000 \_\_\_\_\_

Expected Family Contribution (EFC from FAFSA Student Aid Report) \$ \_\_\_\_\_

College or School you will be attending: \_\_\_\_\_

Program or Major: \_\_\_\_\_ Check one: 4 yr. degree \_\_\_\_\_ 2 yr. degree \_\_\_\_\_

Other members in this household who will be attending college next year: (use back of page if needed)

Name: \_\_\_\_\_ Name of College: \_\_\_\_\_

Describe any unusual circumstances we should be aware of: (use back if more space is needed)

List any athletic/sport team you have participated in, and the number of years for each:

*All the above information is true and accurate to the best of my knowledge.*

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR SCHOOL USE ONLY  
Class Standing \_\_\_\_\_ in a class of \_\_\_\_\_ C.O.T. PROGRAM G.P.A. \_\_\_\_\_  
Percentile \_\_\_\_\_