

RAYMOND COALITION FOR YOUTH, INC

SCHOLARSHIP APPLICATION FORM

APPLICATIONS NEED TO BE POSTMARKED NO LATER THAN APRIL 14, 2025

Name:	Sex: M or F
Address:	Home Phone:
Email:	Cell Phone:
Family Information	
A. Year Raymond Residence was established:	
B. Mother's Occupation:	
C. Employer: City/Town:	
D. Father's Occupation:	
E. Employer: City/Town: _	
F. Guardian's Occupation:	
G. Employer: City/Town: _	
Attending High School:Name of	Principal:
Post-Secondary College, Trade School, Other	
First Choice:	Applied/Accepted
Second Choice:	Applied/Accepted
Applicants are required to have actively participated in RCFY Y at least one school year. How many years have you been a mo	ember of RCFY Youth Action?
How many years have you actively participate in RCFY Youth A	Action Groups:
Please explain how you have been involved with RCFY.	
Please proceed to page two for additional questions.	

66 Main Street Raymond, NH 03077 * 603.895.0600 * info@rcfy.org * www.facebook.com/RCFYOUTH The Raymond Coalition For Youth empowers the community to promote positive youth development and reduce youth substance use and suicide risk Required: As a separate attachment, or include below, two essays of 125 - 250 words each describing:

B. How has being a part of the Raymond Coalition School District?	n For Youth helped you, in your time in the Raymo
Is there anything else you would like to share abo	out the value of RCFY?
Please describe special circumstances that you w	ish to share which may be pertinent to this schola
Do you intend to stay involved with RCFY post-gr	aduation and if so please explain how?
How did you learn about the availability of the Ra	aymond Coalition For Youth Scholarships?
Student Signature	Date
Parent/ Guardian Signature	Date
Completed applications to be postmarked to the Raymond, NH 03077 or emailed to <u>info@rcfy.org</u>	
For in office use:	

development and reduce youth substance use and suicide risk

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