

# AMBER L. GILLESPIE MEMORIAL SCHOLARSHIP APPLICATION

CLASS OF 2024  
RIVER DELL REGIONAL HIGH SCHOOL

## Criteria

Female resident of River Edge or Oradell. Must be a varsity athlete in at least one sport and planning to attend college in Fall of 2024.

## Student Name

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## Hometown

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## Colleges you are considering:

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## Intended Major

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Attach a resume if more room is needed for the following:

## List Sports & Grades Played (grades 9-12)

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List extracurricular activities (grades 9-12)

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List community service activities (grades 9-12)

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List Honors, Awards, Recognitions received (grades 9-12)

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Parent/Guardian 1:

Name

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Address (if different from above)

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**Parent/Guardian 2:**

Name

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Address (if different from above)

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**Siblings (ages)**

**School, College or Occupation**

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**What are your estimated expenses for next year?**

Tuition	
Board	
Transportation	
Books	
Clothing	
Other	

**Total** \_\_\_\_\_

**Are there any special family circumstances that affect the financial situation? Examples: Parents deceased, illness, support of a grandparent, etc.**

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Why do you think you should be considered for this scholarship?  
**Please attach a 250-300-word explanation.**

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**I CERTIFY THAT ALL THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT.**

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Signature of Student

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Date

**THIS APPLICATION HAS MY APPROVAL**

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Signature of Parent

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Date

**\*All applications MUST have a parent signature even if student is 18 years of age\***