



Colleen E. Ritzer Memorial Scholarship 2026 Award Application Form

Due Date: March 15, 2026

DATE RECEIVED (OFFICE USE):

APPLICANT NUMBER (OFFICE USE):

BASIC INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	
STREET (HOME ADDRESS)	CITY/TOWN	ST ZIP	HOME PHONE
HIGH SCHOOL NOW ATTENDING	CITY/TOWN	ST	CELL PHONE
NAME OF GUIDANCE COUNSELOR	YOUR EMAIL ADDRESS		
EXPECTED DATE OF GRADUATION	GPA	TWITTER AND OR INSTAGRAM HANDLE	
COLLEGES ACCEPTED TO AT THIS TIME			
OTHER COLLEGES APPLIED TO (YOUR TOP THREE OR FOUR CHOICES)			

EXTRACURRICULAR ACTIVITIES (ACADEMIC, ATHLETIC, COMMUNITY & FAMILY)

Please list school, athletic, community or family activities in order of their importance to you, responsibilities or positions held, and the years in which you participated (9, 10, 11, 12). For example, STUDENT GOV'T, MATH CLUB, SENIOR CENTER VOLUNTEER, CARING FOR FAMILY MEMBERS (parents, siblings), ETC. Include summer and employment activities.

ACTIVITY	RESPONSIBILITY OR POSITION HELD	YEARS (9, 10, 11, 12)

Briefly describe which one of these activities was most meaningful to you and why:

SPECIAL CONSIDERATIONS

If you feel there is something else, we should know about you, which could influence our decision in awarding this scholarship, please share such information in the space below.

I declare that all the information provided in this application is my own work and is accurate to the best of my knowledge. By signing, I also provide permission for my name and contents of this application (except transcript information) to be shared by the Colleen E. Ritzer Scholarship Fund in announcing award recipients on the web and in other promotional materials should I be selected.

PRINT NAME	SIGN NAME	DATE
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Important Instructions:

Please ensure that all submission materials are postmarked no later than March 15, 2026 to info@colleenritzer.org or to the address below. Your submission is not complete until we have received:

- 1. A completed and signed application form and essay.**
- 2. A copy of your high school transcript. ***
- 3. A copy of your school's profile. ***
- 4. One letter of recommendation from a teacher or guidance counselor. ***

**** Ask your guidance department and or teacher to provide items #2, #3 and #4 electronically to info@colleenritzer.org, to you in a sealed envelope, or mail them directly to the address below. Please note: electronically is preferred. Give your Guidance department 1-2 weeks to process your request!***

Thank you for applying!

**Colleen E. Ritzer Memorial Scholarship
P.O. Box 1269
Andover MA, 01810**