

GEORGE P. DUCHARME SCHOLARSHIP

Sponsored by Wright's Farm Restaurant 

\$5000 Scholarship Announcement

Wright's Farm Restaurant is pleased to announce the 6th annual George P. Ducharme Scholarship for 2024 Burrillville High School Graduating Seniors. Selection criteria for the scholarship are based on the exemplary qualities, efforts and achievements that Mr. George P. Ducharme has demonstrated throughout his entire life.

GEORGE P. DUCHARME CONTRIBUTIONS:

Mr. Ducharme is well respected as an individual, teacher, administrator and coach. His involvement and interactions display a passion to teach, guide, support and mentor others while providing clear expectations, discipline and compassion for everyone. He has personally touched the lives of thousands of students and athletes because he understands the strength and vision that can be awakened in others by believing in and recognizing their unique talents and contributions. He continues to be an outstanding role model.

ABOUT GEORGE P. DUCHARME:

A lifelong Burrillville resident, Mr. Ducharme graduated from Burrillville High School in 1948. While at BHS he played 4 years of baseball, football and hockey, earning 8 varsity letters. Also, two out of the four years, he was an All-League football and All-State baseball selection. He furthered his education at Providence College, played baseball and hockey while attending, and graduated in 1952 with a BA in education.

After graduation he served in the Korean War from 1952-1954 with an honorable discharge. After coming home from Korea, he played football for the Burrillville Mules, a Semi-Pro football team.

From 1954-1965, he taught English and History and was an assistant coach of baseball and football for seven years. As head coach, his baseball teams were Division Champions in 1962 and 1963; then State Champions in 1965. He was also the head football coach of the 1962 football League Champions.

His love of sports never dwindled. He was the Providence College assistant hockey coach from 1955 - 1963. Coached Wright's Farm Softball from 1973 - 1984 and Ron's Spaghetti House from 1981 - 1985.

He held positions of vice principal and principal during the years of 1966 – 1985 at Burrillville Junior Senior High School. In addition, he served the community as a member of the Rhode Island's Principals Committee from 1974 - 1980, the Burrillville Drug Committee from 1968 – 1972. He is an original member of the Burrillville Athletic Hall of Fame and a member of the Burrillville Gridiron Club.



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AWARD:

- \$5,000 scholarship

ELIGIBILITY REQUIREMENTS:

- Resident of the Town of Burrillville
- Member of the Burrillville High School, Class of 2024
- Matriculating accredited 4 year college or university program

SELECTION CRITERIA:

- Demonstrated achievement and need
- Academic and personal recommendations
- Academic efforts and achievements
- School and or community involvement
- Documented personal statement
- Other factors, as may be determined by the George P. Ducharme Scholarship committee

APPLICATION PROCESS:

- Submit **five copies** of completed application, each with attachments listed below and any additional sheets required to: Mr. Gennaro Ferraro room A13 at High School
- Submit two letters of recommendation, one from a faculty member and one from someone not associated with the high school or family member.
- Submit personal statement addressing your academic and career goals
- Submit official High School transcript
- Submit copy of your **FAFSA award letter**, including Student Aid Index (**SAI**) amount
- Submit copy of letter of acceptance from selected college or university

DEADLINE:

- Application and corresponding materials must be submitted to Mr. Gennaro Ferraro room A13 at Burrillville High School no later than **April 29th, 2024**

NOTIFICATION & PRESENTATION TO RECIPIENT:

- George P. Ducharme Scholarship Recipient will be notified by the Guidance Department approximately one week prior to Senior Awards Night
- The awarded recipient will be publicly announced and recognized at Senior Awards Night



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APPLICATION

Name: _____

Address: _____

Phone: _____

Plan to Attend: _____

1. Educational Expenses:

Yearly Tuition \$ _____

Yearly Room & Board \$ _____

Or Commuting Expenses \$ _____

Yearly Books/Misc \$ _____

TOTAL COST \$ _____

2. Have you received notification of any financial awards to date? Yes ___ No ___
If yes, please specify source and amount?

3. List below how you expect to pay for the educational costs shown above:

Contribution from Student \$ _____

Contribution from family \$ _____

State Scholarship Grant \$ _____

Other Scholarship Grant(s) \$ _____

Economic Opp. Grant \$ _____

Stafford Loan \$ _____

Work-Study \$ _____

Social Security \$ _____

Other (please specify) _____ \$ _____

Total Funds Available \$ _____

Yearly Books/Misc \$ _____

Total Educ. Expenses (section 1) \$ _____

NET AMOUNT NEEDED \$ _____



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4. From **FASA** Application, please provide **Student Aid Index (SAI)** \$ _____

5. Attach two letters of recommendation. One academic and one non-academic.

6. Personal Information:

	Name	Income
Father	_____	_____
Mother	_____	_____
Guardian	_____	_____
Student	_____	_____

If you (student) are employed, briefly describe where you work, what you do and hours worked weekly _____

7. Number of children in your family excluding yourself, who live at home and are under age 23 _____

	Name	Age
Older than applicant	_____	_____
	_____	_____
Younger than applicant	_____	_____
	_____	_____

Number of Sibling in College _____

8. Class Rank _____ Number in Class _____

9. EXTRA CURRICULAR ACTIVITIES: Clubs, Sports, Music, Yearbook, etc.



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10. POSITION OF LEADERSHIP:

11. COMMUNITY VOLUNTEER WORK:

12. Please provide document that includes:

- Personal Statement (Tell us a little bit about you as an individual)
- Academic & Career Goals
- Why you are a good candidate for this scholarship

We certify that all information contained in this application is true and complete. We grant permission to members selected to the George P. Ducharme Scholarship Committee appointed by Wright's Farm Restaurant to review, discuss and confirm all information contained herein as part of its review process. We understand that all application information not requiring a third party confirmation will be treated confidentially.

Parent or Guardian Signature_____

Date_____

Applicant Signature_____

Date_____

