

TOWN of ADAMS SCHOLARSHIP FUND

(As Enacted by Town Meeting Vote May 26, 1987)



APPLICATION

TO THE APPLICANT:

By completing the information required in this application you will enable us to determine your eligibility to receive funds provided specifically to help students planning to go on to higher education and who otherwise satisfy evaluation criteria developed by the Town of Adams Scholarship Fund Committee.

You must complete your sections of this application at your earliest convenience and forward it to the person you have selected to complete the appraisal (page 4). You are encouraged to select a school or college counselor or teacher. If this procedure is inappropriate, you may select an employer, member of the clergy, a job supervisor, or any other person who is in a position to evaluate you according to the criteria given.

If any questions are not applicable to your current situation, please attach an explanatory note referring to the questions by section. If more space is required for information on any items, you may attach additional information. Please indicate appropriate sections.

You are responsible for seeing that all supporting documents are submitted. The Town of Adams Scholarship Fund Committee reserves the right not to process applications found to be incomplete as of the application postmark deadline.

REMEMBER: This application becomes valid only when the following have been submitted:

- ☐ Completed Application
- ☐ Current Transcript of Grades
- ☐ Financial Assistance Questionnaire

Application Deadline: May 1, _____

I.D. #

AWARD AMOUNT

PLEASE PRINT OR TYPE

APPLICANT DATAMr. ☐Ms. ☐

Name

(last)

(first)

(middle initial)

Social Security Number

Permanent Address

(street)

(city)

(state)

(zip)

()

Date of Birth

(month, day, year)

Telephone Number

Name of parent/guardian

Permanent mailing address of parent/
guardian if different from applicant

(street)

(city)

(state)

(zip)

()

Telephone Number

SCHOOL DATA

High School Attended _____ Graduation Date Mo _____ Yr _____

Address _____ ()
(street) (city) (state) (zip) Telephone Number

Name of High School principal _____

Name of post-secondary school for which applicant's scholarship is requested

4 yr. College/University ☐Vo-Tech ☐Community College ☐Other ☐Accredited? Yes ☐No ☐Address _____
(city) (state) (zip)

Year in post-secondary program during coming school year: Undergraduate 1 2 3 4 5 or Graduate 6

Student will: ☐ live on campus ☐ live off campus ☐ commuteEnrolled: ☐ less than half-time ☐ half-time or more ☐ full-timeAnticipated date of graduation from post-secondary program _____
(month) (year)

Major field of study applicant plans to pursue _____

PERSONAL DATA

I.D. #

Describe your work experience during the **past 4 years**. Indicate dates of employment in each job and approximate number of hours worked each week. List total amounts earned at each job.

Position	Date From (mo/yr)	Date To (mo/yr)	Hours Per Week	Amount Earned

List all school activities in which you have participated during the **past 4 years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past 4 years** (e.g. Red Cross, church work, volunteer work). Indicate all special awards, honors.

Activity	No. of Years Partic.	Special Awards, Honors	Activity	No. of Years Partic.	Special Awards, Honors

Make a statement of your plans as they relate to your educational and career objectives and future goals.

Please report any unusual family or personal circumstances you feel warrant attention.

OTHER AWARDS

Please list below the name and amount of any grants or scholarships that you have been awarded for the coming school year.

Name of Award	Amount	Granted	Pending

APPLICANT APPRAISAL

To be filled out by a high school or college counselor or advisor, a member of the clergy, an instructor, a professional person or a supervisor. You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return to applicant.

The applicant's choice of a post-secondary education program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
I know the applicant	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well

Comments _____

Appraiser's Signature _____ Date _____ Title _____ Telephone Number (____) _____

Appraiser's Address (street) _____ (city) _____ (state) _____ (zip code) _____

TRANSCRIPT INFORMATION

1. **High school seniors and students who have completed less than one full semester** of post-secondary education must include a high school transcript of grades and have the following section completed by the appropriate school official.
2. **Students currently enrolled in college or vocational-technical school** must include most recent college or vo-tech transcript of grades. (Completion of the following section is not necessary.)

Applicant ranks _____ in a class of _____ Cumulative grade point average _____ /4.0 scale

PSAT Verbal _____ Math _____ SAT Verbal _____ Math _____

ACT Percentiles English _____ Math _____

_____ (____)
School Official's Signature _____ Date _____ Title _____ Telephone Number _____

School Address (street) _____ (city) _____ (state) _____ (zip code) _____

APPLICATION CHECKLIST

This application for student aid becomes complete and valid only when you have returned the following materials. (Two first class stamps are required for mailing.)

- ☐ Application
- ☐ Current Transcript of Grades

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature

Date

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FINANCIAL ASSISTANCE QUESTIONNAIRE



A. APPLICANT

☐ Mr.

☐ Ms.

Last Name

First Name

Middle Initial

Permanent mailing address:

#

Street

Apartment #

City

State

Zip

B. INCOME, EXPENSE, AND ASSET DATA FOR THE LATEST YEAR I.R.S. FORM 1040 WAS COMPLETED.

Please have your parent(s) fill in the following section.

(Please indicate (circle) total yearly income:

\$ 0 - 24,999

\$ 25,000 - 39,999

\$ 40,000 - 59,999

\$ 60,000 - 79,999

\$ 80,000 - 99,999

\$ 100,000 or greater

C. ADDITIONAL INFORMATION

The parents' current marital status is ☐ single ☐ married ☐ separated ☐ divorced ☐ widowed

Total number of family members who will be attending a post-secondary school at least 1/2 time during the upcoming school year, including applicant:

D. CERTIFICATION AND SIGNATURES

Certification: All of the information on this form is true and complete to the best of my (our) knowledge. If asked by an authorized official of the Scholarship Committee, I (we) agree to give proof of the information that I (we) have given on this form. I (We) realized that this proof may include a copy of my (our) U.S. and/or state income tax return. I (We) also realize that if I (we) do not give proof when asked, the student may not get aid.

Applicant's Signature

Father's Signature

Mother's Signature

Date Completed _____

Mo.

Day

Year