

2012 Application Form

CITY OF CAMBRIDGE SCHOLARSHIP FUND

The City of Cambridge Scholarship Fund was established in 1993 to provide financial assistance to Cambridge residents who wish to pursue post secondary education. We commend you for planning to further your education and encourage you to apply for other financial assistance as well, particularly federal and state aid by completing and submitting the Free Application for Federal Student Aid (FAFSA). This form is available at www.fafsa.ed.gov.

Eligibility Requirements

- Must be a resident of Cambridge
- Must be attending, have received admittance to, or have an application pending at an accredited education institution beyond the high school level prior to the award date (May 2012).
- Scholarship is paid directly to the education institution, and must be used during the 2012/2013 academic year.
- Prior recipients are **NOT** eligible; the City Scholarship Award is one-time only

Application Submission Documents

- 1. Completed application form (for any section left blank please note why in the margins)
- 2. Transcript of grades from high school, college or other post secondary institution
- 3. Please do NOT include letters of reference. NO RESUMES

Submit To:

City of Cambridge Finance Department C/O Juliet Turner 795 Massachusetts Avenue Cambridge, MA 02139

APPLICATION DEADLINE/POSTMARK DATE March 5, 2012

All materials must be postmarked by the application deadline.

Copies of this form are available on-line at: www.cambridgema.gov/dept/finance.html

Scholarships are awarded by a selection process. This is not an application for Financial Aid.



City of Cambridge Scholarship Fund

Please print or type

APPLICANT INFORMATION

Name:					
LAST		FIRST		MIDDLE IN	NITIAL
Address:					
NUMBER STREET		CITY	STATE		ZIP CODE
Telephone Number: ()	Gender:	Female	M	Iale	
Date of Birth:					
High School Name:		Graduation Date	: Mo	Yr	
High School Address:					
NUMBER	STREET	CITY	STATE		ZIP CODE
PARENT/GUARDIAN INFORMATIO	ON				
A. Parent/Guardian Name:					
LAST		FIRST		MIDDLE I	NITIAL
Address (if different from yours):					
NUM	IBER STREET	CITY		STATE	ZIP CODE
Telephone Number: ()		Relationship to Applica	int:		
Occupation:					
B. Parent/Guardian Name:					
LAST		FIRST		MIDDLE I	NITIAL
Address (if different from yours):					
NUM	IBER STREET	CITY		STATE	ZIP CODE
Telephone Number: ()	Relationship to Applica	nt:			
Occupation:					

SCHOOL AND COMMUNITY INVOLVEMENT

List all school and community activities in which you have participated during the past 4 years. (e.g. student government, music, sports, volunteer work, church activities).

Activity	No. Years	, <u> </u>		Activity	No. Years	Offices Held, Specia Awards, Honors	
WORK EXPERIE	NCE						
Describe your wor	•	•		Indicate dates	of employm	ent in each job a	
ipproximate number	or nours wo	iked each v	Date From	Date To	Hours Per	<u> </u>	
Employer	Po	sition	(mo/year)	(mo/year)	Week	Compensation	
ASPIRATIONS AN	ND GOALS						
n what do you inter							
n what do you inter							
·							
Describe briefly any	special talen	ts you have	: :				
ACADEMIC STAT	TUS IN CON	MING YEA	AR:				
Undergraduate 1	2 3 4	5	Graduate 1	2 G	ED/Adult Lea	arner	
Student will live _	on c	ampus	off cam	ouss	udent will co	mmute	
		_					
College/Post second	lary prograi	n to which	you have appli	ed for or are cu	rently atten	ding.	
Student will live College/Post second 1 2	lary prograi	n to which	you have appli	ed for or are cur	rently attender	ding. ptedEnrolle	
College/Post second 1 2	lary prograi	n to which	you have appli	ed for or are cur Pending Pending	Acce	ding. ptedEnroll	

If you are currently enrolled as a student, this official. If you are NOT currently enrolled, you section completed.	section must be co	•	•	
GPA Cumulative grade point average				
Test Scores SAT Verbal SAT Math	SAT Writing			
I certify this data is from a current and official to	ranscript			
SCHOOL OFFICIAL'S SIGNATURE	TITLE		DATE	TELEPHONE NO.
APPLICANT EVALUATION				
If you are currently enrolled as a student, this se	ection must be comp	pleted by a h	igh school or co	llege advisor.
If you are NOT currently enrolled as a stud community leader, a member of the clergy, or an	·	nay be con	npleted by a wo	ork supervisor, a
Dear Evaluator:				
You have been asked to provide information in Please answer the following questions carefully		icant for the	City of Cambrid	dge Scholarship.
The applicant's achievements reflect his/her ability	Extremely well	Very well	Moderately well	Not well
The applicant's ability to set realistic and attainable goals is	Excellent	Good	Fair	Poor
The quality of the applicant's commitment to school and community is	Excellent	Good	Fair	Poor
I know the applicant	Extremely well	Very well	Moderately well	Not well
Comments				
NAME	SIGNATURE	TITLE		DATE

PERSONAL STATEMENT Please write a brief statement (300-500 words) of your plans as they relate to your educational and career objectives and personal goals. If you prefer to attach a typed document, please do so.

FINANCIAL INFORMATION

A. Financial Aid Awarded for 2012/2013 Academic Year Please list all financial aid you have already received. Description: Amount: \$ Description: _____ Amount: \$ _____ Description: _____ Amount: \$ _____ B. Income Verification *(if any section is left blank or \$0, please note why in the margins)* Person financially responsible for applicant: _____ Self ____ Parent/Guardian _____ Other ____ Did this person file a 2010 Federal Income Tax Return? Yes No If YES, complete Section B-1 based on tax return. Note: If parents file separately, report combined income info. If NO, complete Section B-2 based on income received during 2011. Taxable and Non-taxable Income from 2010 Federal Tax Return *(if any section is left blank or \$0, please note why in the margins)* 1. Adjusted gross income: S _____ 2. Salaries and wages: S 3. Other taxable income (interest, dividends, rental income, etc.): 4. Child support received for all children: 5. Social Security benefits for whole family: S _____ **B-2** Non-Taxable income for 2011 S 1. Non-taxable income from any source: **B-3 Family Assets and Debt** 1. Home (if owned): Present market value \$ Unpaid principal \$ Annual mortgage payment \$ 2. If family rents residence: Annual rent \$ _____ 3. Medical/Dental expenses: \$ _____ 4. How many children, including applicant, reside in the home or are receiving support? 5. How many children are currently enrolled in college? C. Special Circumstances. Are there any special circumstances the Scholarship Committee should consider in evaluating need? (high medical expenses, education and other debts, child care, elder care or other special circumstances) CERTIFICATION AND SIGNATURES Certification: All of the information on this application form is true and complete to the best or our (my) knowledge Parent/Guardian: Parent /Guardian: Applicant: Date: