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, all ages may apply
• 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 2021).
• Scholarship is paid directly to the education institution and must be used during the 2021/2022 academic year (we can hold the scholarship up to 4 years).
• Prior recipients 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 or resumes. Write this information on the application.

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

APPLICATION DEADLINE/POSTMARK DATE
March 8, 2021

All materials must be postmarked by the application deadline.

Copies of this form are available on-line at: cambridgema.gov/cityscholarship

Scholarships are awarded by a selection process. This is not an application for Financial Aid.
Scholarship City of Cambridge Fund

Please print or type

APPLICANT INFORMATION (must be completed by all applicants)

Name: ____________________________________________________________

Name: ________________________  ____________________________  ________
LAST               FIRST            MIDDLE INITIAL

Address: __________________________________________________________

Address: __________________________________________________________
NUMBER  STREET               CITY            STATE            ZIP CODE

Telephone Number: (____) ____________________________  Gender: ______ Female   ______ Male ______ Other

Date of Birth: ___________________________________________________

High School Name: _____________________________________________  Graduation Date:  Mo. ______ Yr. ______

High School Address: ____________________________________________

High School Address: ____________________________________________
NUMBER  STREET               CITY            STATE            ZIP CODE

PARENT/GUARDIAN INFORMATION (must be completed for high school applicants only)

A. Parent/Guardian Name: _________________________________________

Parent/Guardian Name: ____________________________  Relationship to Applicant: ______________________

Address (if different from yours): ____________________________________________________________

Address (if different from yours): ____________________________________________________________

Address (if different from yours): ____________________________________________________________
NUMBER  STREET               CITY            STATE            ZIP CODE

Telephone Number: (____) ____________________________  Relationship to Applicant: ______________________

B. Parent/Guardian Name: _________________________________________

Parent/Guardian Name: ____________________________  Relationship to Applicant: ______________________

Address (if different from yours): ____________________________________________________________

Address (if different from yours): ____________________________________________________________

Address (if different from yours): ____________________________________________________________
NUMBER  STREET               CITY            STATE            ZIP CODE

Telephone Number: (____) ____________________________  Relationship to Applicant: ______________________

How did you hear about our scholarship?

☐ City Website   ☐ High School Website

☐ Media Outlet (i.e. Cambridge Chronicle) ☐ Word of Mouth

☐ City Building (e.g. Manual Application @ Library, School, City Hall)
SCHOOL AND COMMUNITY INVOLVEMENT
List any school or community activities in which you have participated during the past 4 years. (e.g. student government, music, sports, volunteer work or other activities).

<table>
<thead>
<tr>
<th>Activity</th>
<th>No. Years</th>
<th>Offices Held, Special Awards, Honors</th>
<th>Activity</th>
<th>No. Years</th>
<th>Offices Held, Special Awards, Honors</th>
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</table>

WORK EXPERIENCE
Describe your work experience during the past 4 years. Indicate dates of employment in each job and approximate number of hours worked each week. (No resumes)

<table>
<thead>
<tr>
<th>Employer</th>
<th>Position</th>
<th>Date From (mo/year)</th>
<th>Date To (mo/year)</th>
<th>Hours Per Week</th>
<th>Compensation</th>
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ASPIRATIONS AND GOALS
In what do you intend to major? ___________________________________________________________
In what career are you most interested? __________________________________________________
Describe briefly any special talents you have: _____________________________________________

ACADEMIC STATUS IN COMING YEAR:
Undergraduate: 1 2 3 4 Graduate: 1 2 GED/Adult Learner ______
Student will live_____ on campus _____ off campus _____ student will commute
Are you a member of the Bridge program for the Cambridge Community Learning Center? _____Yes _____No

College/Post-secondary program to which you have applied for or are currently attending.
1. _________________________________________ _____ Pending _____ Accepted _____ Enrolled
2. _________________________________________ _____ Pending _____ Accepted _____ Enrolled
3. _________________________________________ _____ Pending _____ Accepted _____ Enrolled
4. _________________________________________ _____ Pending _____ Accepted _____ Enrolled

NAME: ____________________________________________

2
**APPLICANT ACADEMIC INFORMATION**

If you are currently enrolled as a student, this section must be completed and signed by an authorized school official. If you are NOT currently enrolled, you may include a copy of your SAT/ACT results or transcript in lieu of having this section signed. **Academic information is mandatory for submission;** if unavailable, please explain why here:

**GPA** ______

**Test Scores**

<table>
<thead>
<tr>
<th>ACT English</th>
<th>ACT Math</th>
<th>ACT Reading</th>
<th>ACT Science</th>
<th>ACT Comp</th>
</tr>
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<tbody>
<tr>
<td>______</td>
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<tr>
<th>SAT Verbal</th>
<th>SAT Math</th>
<th>SAT Writing</th>
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I certify this data is from a current and official transcript

---------------------------------------------  ---------------------------------------------  -------------  ------------
SCHOOL OFFICIAL’S SIGNATURE  TITLE  DATE  TELEPHONE NO.

**APPLICANT EVALUATION**

If you are currently enrolled as a student, this section must be completed by a high school or college advisor. If you are NOT currently enrolled as a student, this section may be completed by a work supervisor, a community leader, a member of the clergy, or an instructor.

**Dear Evaluator:**

You have been asked to provide information in support of this applicant for the City of Cambridge Scholarship. Please answer the following questions carefully.

<table>
<thead>
<tr>
<th>The applicant’s achievements reflect his/her ability</th>
<th>Extremely well</th>
<th>Very well</th>
<th>Moderately Well</th>
<th>Not well</th>
</tr>
</thead>
<tbody>
<tr>
<td>The applicant’s ability to set realistic and attainable goals is</td>
<td>Excellent</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
</tr>
<tr>
<td>The quality of the applicant’s commitment to school and community is</td>
<td>Excellent</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
</tr>
<tr>
<td>I know the applicant</td>
<td>Extremely well</td>
<td>Very well</td>
<td>Moderately Well</td>
<td>Not well</td>
</tr>
</tbody>
</table>

**Comments (Please only add comments here, we will not accept a separate page of reference)**

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 2021/2022 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 2019 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 2020.

B-1 Taxable and Non-taxable Income from 2019 Federal Tax Return (if any section is left blank or $0, please note why in the margins).

1. Adjusted gross income: $ ______________
2. Salaries and wages: $ ______________
3. Other taxable income (interest, dividends, rental income, etc.): $ ______________
4. Child support received for all children: $ ______________
5. Social Security benefits for whole family: $ ______________

B-2 Non-Taxable income for 2020

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 of our (my) knowledge

Parent/Guardian: ____________________________ Parent /Guardian:

______________________________

Applicant: ____________________________ Date: ______________

*REMEMBER TO INCLUDE YOUR TRANSCRIPT AND ALL 6 PAGES OF THE APPLICATION! NO RESUMES OR LETTERS OF REFERENCE PLEASE*