

2015 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, 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 2015).
- Scholarship is paid directly to the education institution, and must be used during the 2015/2016 academic year.
- 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

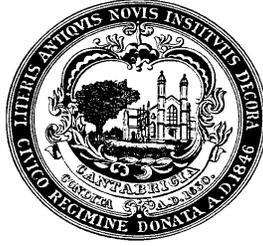
APPLICATION DEADLINE/POSTMARK DATE

March 9, 2015

All materials must be postmarked by the application deadline.

Copies of this form are available online 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 (must be completed by all applicants)

Name: _____

LAST FIRST MIDDLE INITIAL

Address: _____

NUMBER STREET CITY STATE ZIP CODE

Telephone Number: (____) _____ Gender: _____ Female _____ Male

Date of Birth: _____

High School Name: _____ Graduation Date: Mo. _____ Yr. _____

High School Address: _____

NUMBER STREET CITY STATE ZIP CODE

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

A. Parent/Guardian Name: _____

LAST FIRST MIDDLE INITIAL

Address (if different from yours): _____

NUMBER STREET CITY STATE ZIP CODE

Telephone Number: (____) _____ Relationship to Applicant: _____

B. Parent/Guardian Name: _____

LAST FIRST MIDDLE INITIAL

Address (if different from yours): _____

NUMBER STREET CITY STATE ZIP CODE

Telephone Number: (____) _____ Relationship to Applicant: _____

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).

Activity	No. Years	Offices Held, Special Awards, Honors	Activity	No. Years	Offices Held, Special Awards, Honors

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)

Employer	Position	Date From (mo/year)	Date To (mo/year)	Hours Per Week	Compensation

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

College/Post secondary program to which you have applied for or are currently attending.

- _____ Pending _____ Accepted _____ Enrolled

NAME: _____

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 results or transcript in lieu of having this section signed. **Academic information is mandatory for submission;** if unavailable, please explain why here:

GPA

Cumulative grade point average _____

Test Scores

SAT Verbal _____ SAT Math _____ SAT Writing _____

I certify this data is from a current and official transcript.

_____ TITLE DATE TELEPHONE NO.
SCHOOL OFFICIAL'S SIGNATURE

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.

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 2015/2016 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 2013 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 2014.

B-1 Taxable and Non-taxable Income from 2013 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 2014

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: _____