



## 2019 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](http://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 2019).
- Scholarship is paid directly to the education institution, and must be used during the 2019/2020 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 4, 2019

*All materials must be postmarked by the application deadline.*

Copies of this form are available on-line at: [www.cambridgema.gov/dept/finance.html](http://www.cambridgema.gov/dept/finance.html)

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: \_\_\_\_\_

LAST FIRST MIDDLE INITIAL

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: \_\_\_\_\_

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: \_\_\_\_\_

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).

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

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: \_\_\_\_\_

**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**

Cumulative grade point average \_\_\_\_\_ACT Composite \_\_\_\_\_

**Test Scores**

SAT Verbal \_\_\_\_\_ SAT Math \_\_\_\_\_ SAT Writing \_\_\_\_\_

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.

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 (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 2019/2020 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 2017 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 2018.

**B-1 Taxable and Non-taxable Income from 2017 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 2018**

- 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!!\***