

January 2018

Dear Student,

The Scholarship Foundation of Wakefield provides assistance to <u>Wakefield residents</u> needing financial aid to attend post-high school educational institutions as <u>full time students</u>. Our grants are intended to supplement an overall financial aid package and are to be combined with family contribution and other forms of financial aid such as college grants, loans, or work-study programs to meet the cost of education.

FAFSA Document is REQUIRED.

Each applicant must complete the attached TSF of Wakefield Student Application *as well as* Submit a Copy of your Confirmation Page from the Free Application for Federal Student Aid (FAFSA) *or* Page One of your Student Aid Report (SAR) from the FAFSA. The information on the FAFSA report will be used to calculate the amount of the family's expected contribution. We will determine your eligibility for a grant based solely on your own and your family's financial resources.

Every application is prepared for review by removing all family names and assigning an ID number in order to maintain the anonymity of the applicant. The Scholarship Needs Committee determines the financial need of each applicant by comparing the cost of the tuition and fees for the college, with the financial resources of the family and student. The Committee then compares the financial need of each applicant to the needs of all applicants and awards the scholarships to those with the greatest need.

The Scholarship Needs Committee, in making its final judgment, must be sensitive to the particular circumstances expressed in each application. There is no substitute for individual judgment. It is important to complete all pages and sections of the application including adding any additional comments on the back of the application.

- **Financial Document:** Write your Full Name, Address, and the School you will be attending on a copy of your FAFSA Confirmation Page. (In place of the Confirmation Page, you may also submit Page One of your FAFSA Student Aid Report.) <u>Mail to: TSF of Wakefield, P.O. Box 321, Wakefield, MA 01880</u>. Be sure your FAFSA document clearly identifies your Full Name, Street Address, School that the scholarship is requested for, and your Expected Family Contribution (EFC) Amount. It must be postmarked <u>no later than March 31, 2018</u>.
- **Student Application:** Return the completed TSF of Wakefield Student Application <u>no later than March 31</u>, <u>2018</u>, to: <u>TSF of Wakefield</u>, P.O. Box 321, Wakefield, MA 01880.

Feel free to contact us at (781) 245-4890 or by email at <u>tsfofwakefield@earthlink.net</u> with any questions or concerns you might have. This application is also available to download from www.tsfofwakefield.org.

Sincerely,

The Scholarship Foundation of Wakefield's Scholarship Committee

THE SCHOLARSHIP FOUNDATION OF WAKEFIELD, INC. 2018–2019 STUDENT APPLICATION

The purpose of this page is identification. The Scholarship Needs Committee will not have access to this page. You will be assigned an ID number so we can assure objectivity in selection. This is the only page where names should be given. Do not write your name anywhere else on this application. Name and signature of parent or guardian is not required for independent students.

Student Name						
(First)		(MI)		(Last)		
Birth Date (MM / DD / YY)	(month) MM	(day) DD	(year) YY		Male	Female
Home Address						
Student Phone		Student Email	Address			
Name of Parent/Guardian					· 1 1	
Parent Phone	Parent Email Address		(Not required for i	independer	it students.,	
				(Not required for independent students.)		

Please circle the one category that best reflects your racial/ethnic heritage:

African-American/Black Asian/Pacific Islander Caucasian/White Hispanic/Latino American Indian Other

(please specify) (We collect this information to determine the diversity of students assisted by TSF scholarships. Your answer will not affect your scholarship eligibility.)

STATEMENT OF STUDENT APPLICANT AND PARENT/GUARDIAN

We declare that the information reported on this form, to the best of our knowledge, is true, correct, and complete. We agree that to verify information reported on this form, The Scholarship Foundation of Wakefield may request or obtain an official photocopy of our latest US Income Tax Forms. We further agree to provide, upon request, any other official documentation necessary to verify information reported, including our FAFSA Student Aid Report (SAR). The applicant agrees that if an award is offered to me, my name, the name of the school I will attend and the amount of my award may be used in press releases, public announcements, and other fundraising or promotional materials in all media, including the Internet, to advance the non-profit objectives of TSF of Wakefield, Inc. The applicant also agrees that if an award is made, the recipient will make every effort to thank the sponsors of the award using information provided by TSF.

Date	Signature of Student_
	Signature of Student_

Date _____ Signature of Parent/Guardian ____

(Parent/guardian signature not required for independent students.)

DEADLINES

Financial Document: Be sure your FAFSA document clearly identifies your Full Name, Street Address, School to be Attending, and Expected Family Contribution (EFC) Amount. Submit your FAFSA Confirmation Page / or Page One of your FAFSA Student Aid Report (SAR) by March 31, 2018 to either:

TSF (by mail), P.O. Box 321, Wakefield, MA 01880 - or - TSF (in person) 2nd floor, Americal Civic Center

Student Application: Submit this three-page Student Application by March 31, 2018 to either:

TSF (by mail), P.O. Box 321, Wakefield, MA 01880 - or - TSF (in person) 2nd floor, Americal Civic Center

THE SCHOLARSHIP FOUNDATION OF WAKEFIELD, INC. 2018–2019 STUDENT APPLICATION

If you are currently a HIGH SCHOOL SENIOR complete questions 1 - 5 below:

1.	High School attending							
2.	First choice of college for which scholar information given changes, contact TS			ool. Do not	leave this section blank. If the			
	School Name			City	y and State			
3.	Enrolled Pending	Full time stude	ent Yes	No				
4.	Total number of family members a including applicant - do not includ			east half-time	during the 2018-2019 school year,			
5.	Total number of family members a	Total number of family members applying to TSF of Wakefield this year, including yourself:						
All	others/POST-HIGH SCHOOI							
1.	High School attended		Year graduated					
2.	Institution attending now (if any)							
	Current Classification	Undergraduate:	Freshman	Sophomore	e Junior Senior Other (explain) Circle One			
		Graduate Student		year: 1	2 3 4 5 Other (explain) Circle One			
3.	College for which scholarship is re	equested. If the informati	on you give	changes, cor	ntact TSF with the new information.			
	School Name			City and State				
	Classification in Sept. 2018	Undergraduate:	Freshman	Sophomore	e Junior Senior Other (explain) Circle One			
		Graduate Student		year: 1	2 3 4 5 Other (explain) Circle One			
4.	Enrolled Pending							
5.	Will you be a full time student dur Will you be a full time student dur			Yes No Yes No				
6.		Total number of family members attending a postsecondary school at least half-time during the 2018-2019 school year, including applicant - do not include parents:						
7.	Total number of family members a	applying to TSF of Wake	field this yea	ar, including	yourself:			

ALL APPLICANTS – Attach a separate sheet to provide TSF with any extenuating personal or financial hardships you feel we should consider when reviewing your application.

TSF of Wakefield – Scholarship Application – Supplemental Questionnaire

Some TSF fund sponsors have expressed preferences to have their gifts go to recipients with certain backgrounds or educational goals. Your answers in no way affect your chances of receiving a TSF award. We refer to this information only after we have established your financial eligibility for a scholarship. Place a check mark next to any questions that apply to you.

Did you attend	Are you a res	Are you a resident of			
a West Side public elemer	Gre	Greenwood?			
the Dolbeare School? Nur	mber of years?	Oa	k Street?		
the Woodville School? Nu	mber of years?				
the Greenwood or Yeuell S	Schools? Number of years?				
the Hurd School? Number	-	Are you a me	mber of		
the Montrose School? Nu		Firs	st Parish Congrega	ational Church?	
the Walton School? Numb	•		Florence's Parish		
the Doyle School? Number			Joseph's Parish?		
the Franklin School? Num	-	0.			
	-				
Northeast Metropolitan Re	-				
	ontinuously since grade six?				
Relationships					
Are you a son/daughter of	a Wakefield firefighter?				
Are you a son/daughter of			manla Olub 2		
	of a past/current member of the GFWC	vvakeneid Junior vvor	man's Club?		
	of a Master Mason or Eastern Star?				
	of a current member of the Crystal Cor	nmunity Club?			
Are you a son/daughter of	a disabled veteran?				
Are you the child or relative	e of a military veteran?				
Are you the child/grandchil	d of a current member of the West Side	e Social Club?			
Are you the child of a curre	ent member of the Wakefield Lodge of I	Elks?			
Are you the child of a curre	ent member of the Bear Hill Golf Club?				
Are you the child of a dece	eased parent?				
Did you participate in					
WHS Varsity Track: Numb	per of years?	a h	igh school tennis t	team?	
WHS Varsity Football Tear	WHS Varsity Football Team?		the WHS Office Education Association?		
WHS Varsity Soccer Team	1?	WH	WHS Marching Band or Drama Club?		
WHS Varsity Lacrosse Tea	am?	a C	Juannapowitt Yach	nt Club Youth Program?	
WHS Girls Volleyball Tean			•	3	
Wakefield Youth Hockey F		WH	IS National Honor	Societv?	
-	an ice hockey program beyond high school?		PAWS (as a volunteer)?		
Wakefield Little League?	yona nigh concer.				
	tion programs for at least three years?		Rainbow for Girls? Big Bro/ Big Sis or WAM Program for at least 3 years?		
	Wakefield Soccer Association programs for at least three years? YMCA Biddy Basketball program for at least two years?			AN FIOGRAM TO ALLEAST 5 YEARS?	
	ogram for at least two years?				
Miscellaneous …					
	which you earned letters				
/ /	rk 10 or more hours per week, for at le	at one year while att	anding high achoo	12	
		ast one year, while atte	anding high school	1?	
ls your family a Gold Star I	,				
	irst Educational Savings Branch bankir				
-	s from the Special Needs Program in V		Jram(s)?		
	nding a post-secondary vocational scho				
Are you overcoming a med	dical, physical or learning disability while	e attending college? Id	dentify the disabilit	ty	
Are you now or in the past	dealing with cancer in your immediate	family?			
Do you plan on having a career in (one or more of the following fields?	Circle all that apply.			
Accounting	Education-Elementary	History		Nursing	
Agriculture	Education-English	Humanities		Physics	
Art	Education-Foreign Language	Interior Design		Phys/Occup. Therapy	
Broadcasting	Education-General	Journalism		Psychology	
Business Administration	Education-Special	Law		Public Service	
Communications/PR	Engineering	Linguistics		Science	
Computer Programming	Firefighting	Math		Science-Environ. / Ecology / Horticulture	
Computer Programming Computer Science	Government	Medicine		Science-Environ. / Ecology / Horiculture	
Culinary Arts/Hospitality	Health Administration	Music - Maior		Social Work	

Music - Minor

Veterinary/Animal Husbandry

Health - Elder Care

Drama