January 2020

Dear Student,

The Scholarship Foundation of Wakefield provides assistance to Wakefield residents needing financial aid to attend post-high school educational institutions as full time students. 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.

<<NEW>> Your FAFSA Electronic Student Aid Report (SAR) is REQUIRED. Be sure to include the confirmation page, as well as the data sheets. <<NEW>>

Each applicant must complete the attached TSF of Wakefield Student Application as well as Submit a Copy of his/her FAFSA Student Aid Report (SAR). The information on the 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 Documents:** Write your Name, Address, and the School you will be attending on the first page / confirmation page of your FAFSA Electronic Student Aid Report. Attach the FAFSA Data Pages that are included in your Electronic Student Aid Report (SAR) to the confirmation page. Mail the FAFSA SAR to: TSF of Wakefield, P.O. Box 321, Wakefield, MA 01880. 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 no later than March 31, 2020.

- **Student Application:** Return the completed TSF of Wakefield Student Application no later than March 31, 2020, to: TSF of Wakefield, P.O. Box 321, Wakefield, MA 01880.

**These items (financial document and student application) can be mailed together in the same envelope.**

Feel free to contact us at (781) 245-4890 or by email at tsfofwakefield@earthlink.net 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 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. (An independent student is one of the following: at least 24 years old, married, a graduate or professional student, a veteran, a member of the armed forces, an orphan, a ward of the court, or someone with legal dependents other than a spouse, an emancipated minor or someone who is homeless or at risk of becoming homeless.)

Student Name ___________________________ (First) ___________________________ (MI) ___________________________ (Last) ___________________________

Birth Date ( MM / DD / YY ) _______________ - _______________ - _______________ Gender: Male Female
(month) MM (day) DD (year) YY

Home Address _____________________________________________________________

Student Phone ___________________________ Student Email Address ___________________________

Name of Parent/Guardian __________________________________________________
(Not required for independent students.)

Parent Phone ___________________________ Parent Email Address ___________________________
(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 ___________________________

Date ___________________________ Signature of Parent/Guardian ___________________________
(Parent/guardian signature not required for independent students.)

DEADLINES

<<NEW>> Financial Documents: Submit your complete FAFSA Electronic Student Aid Report (SAR), cover sheet and data pages, by March 31, 2020 to either:
TSF (by mail), P.O. Box 321, Wakefield, MA 01880 - or - TSF (in person) 2nd floor, Americal Civic Center
Be sure your FAFSA document contains your Name, Street Address, School to be Attending, and Expected Family Contribution (EFC) Amount.

Student Application: Submit this three-page Student Application by March 31, 2020 to either:
TSF (by mail), P.O. Box 321, Wakefield, MA 01880 - or - TSF (in person) 2nd floor, Americal Civic Center

These items (financial documents and student application) can be mailed together in the same envelope.
THE SCHOLARSHIP FOUNDATION OF WAKEFIELD, INC.
2020–2021 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 scholarship is requested. List only one school. **Do not leave this section blank.** If the information given changes, contact TSF with the new information

   ___________________________________________ City and State

   First Choice School Name **(do not leave blank)**

3. Enrolled _____ Pending _____ Full time student Yes____ No_____  

4. Total number of family members who will be attending a postsecondary school at least half-time during the 2020-2021 school year, including yourself - - do not include your parents: ____________

5. Total number of family members applying to TSF of Wakefield this year, including yourself: _______

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All others/POST-HIGH SCHOOL STUDENTS complete questions 1-7:

1. High School attended ____________________________________________________________ Year graduated ________

2. Institution attending now (if any) ____________________________________________________________

   **Current Classification**

   ___ Undergraduate: Freshman Sophomore Junior Senior Other (explain)

   Circle One

   ___ Graduate Student: year: 1 2 3 4 5 Other (explain)

   Circle One

3. College for which scholarship is requested. If the information you give changes, contact TSF with the new information.

   ___________________________________________ City and State

   **School Name**

   **Classification in Sept. 2020**

   ___ Undergraduate: Freshman Sophomore 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 during the first semester? Yes ____ No ____

   Will you be a full time student during the second semester? Yes ____ No ____

6. Total number of family members who will be attending a postsecondary school at least half-time during the 2020-2021 school year, including yourself - - do not include your parents: ____________

7. Total number of family members applying to TSF of Wakefield this year, including yourself: _____

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**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 …

- the West Side public elementary school?
- the Dolbeare School? Number of years?
- the Woodville School? Number of years?
- the Greenleaf School? Number of years?
- the Hurst School? Number of years?
- the Montrose School? Number of years?
- the Walton School? Number of years?
- the Doyle School? Number of years?
- the Franklin School? Number of years?
- Northeast Metropolitan Regional Vocational School?
- Wakefield public schools continuously since grade six?

Are you a resident of…

- Greenwood?
- Oak Street?

Are you a member of…

- First Parish Congregational Church?
- St. Florence’s Parish?
- St. Joseph’s Parish?

Relationships …

- Are you a son/daughter of a Wakefield firefighter?
- Are you a son/daughter of a Wakefield police officer?
- Are you a child/grandchild of a past/current member of the GFWC Wakefield Junior Woman’s Club?
- Are you a child/grandchild of a Master Mason or Eastern Star?
- Are you a child/grandchild of a current member of the Crystal Community Club?
- Are you a son/daughter of a disabled veteran?
- Are you the child or relative of a military veteran?
- Are you the child/grandchild of a current member of the West Side Social Club?
- Are you the child of a current member of the GFWC Wakefield Junior Woman’s Club?
- Are you the child of a deceased parent?

Did you participate in …

- WHS Varsity Track: Number of years?
- WHS Varsity Football Team?
- WHS Varsity Soccer Team?
- WHS Varsity Lacrosse Team?
- WHS Girls Volleyball Team?
- Wakefield Youth Hockey Program?
- a high school Ice Hockey Team? / Ice Hockey beyond high school?
- Wakefield Little League?
- Wakefield Soccer Association programs for at least three years?
- YMCA Biddy Basketball program for at least two years?
- a high school Tennis Team?
- a high school Baseball or Softball Team?
- a high school Basketball Team?
- the WHS Office Education Association?
- WHS Marching Band or Drama Club?
- a Quannapowitt Yacht Club Youth Program?
- WHS National Honor Society?
- PAWS (as a volunteer)?
- Rainbow for Girls?
- Big Brother / Big Sister or WAM Program

Miscellaneous …

- List any sports/activities in which you earned letters
- Did you hold a job, and work 10 or more hours per week, for at least one year, while attending high school?
- Is your family a Gold Star Family?
- Have you completed the First Educational Savings Branch banking program at Wakefield High School?
- Have you received services from the Special Needs Program in Wakefield? Which program(s)?
- Will you be or are you attending a post-secondary vocational school?
- Are you overcoming a medical, physical or learning disability while attending college? Identify the disability.
- 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.

<table>
<thead>
<tr>
<th>Accounting</th>
<th>Education-Elementary</th>
<th>History</th>
<th>Nursing</th>
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<tbody>
<tr>
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<td>Education-English</td>
<td>Humanities</td>
<td>Physics</td>
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<tr>
<td>Art</td>
<td>Education-Foreign Language</td>
<td>Interior Design</td>
<td>Physical Therapy / Occupational Therapy</td>
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<td>Broadcasting</td>
<td>Education-General</td>
<td>Journalism</td>
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<td>Education-Special</td>
<td>Law</td>
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<td>Engineering</td>
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<td>Science</td>
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<td>Firefighting</td>
<td>Math</td>
<td>Science-Environ. / Ecology / Horticulture</td>
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<td>Music - Major</td>
<td>Social Work</td>
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<td>Drama</td>
<td>Health - Elder Care</td>
<td>Music - Minor</td>
<td>Veterinary/Animal Husbandry</td>
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