



COMMUNITY FOUNDATION of Southeastern Massachusetts

Fairhaven High School Centurion Scholarship Fund

The Class of 1956 established the Fairhaven High School Centurion Scholarship Fund at the Community Foundation of Southeastern Massachusetts in 2001. The Fund provides one four-year scholarship of at least \$250 per year to a Fairhaven High School graduating senior enrolled at an accredited college or university. The scholarship is contingent upon remaining a student in good standing. Payments will be made directly to the institution of higher learning following the successful completion of each fall semester. The criterion for selection will be weighted 25% on academics and 75% on need. For applications, please see your guidance counselor, contact Gabrielle Simmons, Program Officer at the Community Foundation of Southeastern Massachusetts or visit our website: www.cfsema.org

Application must be in the Community Foundation's office by April 5, 2010

To celebrate the school's century milestone, the Class of 1956 established the Fairhaven High School Centurion Scholarship Fund as a gift for future generations of Fairhaven High School graduates. The Class of 1956 was the 49th class to graduate from the historic building that is still the home of Fairhaven High School.

63 Union Street, New Bedford, MA 02740 • (508) 996 8253 ext. 202 • www.cfsema.org/scholarships

**FAIRHAVEN HIGH SCHOOL CENTURION SCHOLARSHIP FUND
2009 Application**

1. Name _____ Tel # _____
2. Address _____ City _____ State _____ Zip _____
3. Parent's/Guardian's Name _____ Occupation _____
Income (include all revenue): last year \$ _____ anticipated for this year \$ _____
4. Parent's/Guardian's Name _____ Occupation _____
Income (include all revenue): last year \$ _____ anticipated for this year \$ _____
5. What is your Expected Family Contribution (EFC); see below for more information \$ _____
6. Number of dependents your parents/guardians support (include yourself) _____ List age(s) _____
7. To which college(s) have you been accepted? _____
8. Which college do you expect to attend this coming year? _____
9. Do you have a definite goal, concentration or major in mind? _____
10. What are the annual costs of the college you expect to attend? (see below) Total Cost \$ _____
Tuition \$ _____ Room and Board \$ _____ Fees \$ _____ Additional Expenses \$ _____
11. What part-time and/or summer job do you have or expect to have? _____
How much money do you expect to contribute to your education expenses? \$ _____
12. Which scholarships have you received (or will receive)? _____
_____ Totaling how much? \$ _____
13. Use this space **ONLY** to tell us about any extenuating circumstance you may have that would help us evaluate your application. Please refer to the criteria for selection on the other side of this application:

IMPORTANT – THIS FORM MUST BE ACCOMPANIED BY:

- 1) A list of extracurricular activities in which you have participated and any honors you have received
- 2) An **official** transcript of your grades (stamped or in envelope with school seal).
- 3) Student Aid Report (SAR), indicating your **Expected Family Contribution (EFC)**

SUBMIT COMPLETED AND SIGNED APPLICATION WITH ATTACHMENTS TO:

Community Foundation of Southeastern Massachusetts; Attn.: Fairhaven Centurion Scholarship
63 Union Street, New Bedford, MA 02740

**Application must in the Community Foundation's office before 5:00 p.m., April 5, 2010
Late applications will not be considered.**

I agree that my child's name can be used in announcements made by the Community Foundation of Southeastern Massachusetts regarding the particular scholarship for which s/he has been awarded. YES _____ NO _____

I certify that all information submitted on this form is complete and accurate to the best of my knowledge and agree to provide proof of information upon request.

Signature of Parent/Guardian: _____

Date: _____

Signature of Applicant: _____

Date: _____