



COMMUNITY FOUNDATION of Southeastern Massachusetts

Frank and Eleanor Gracie Family Scholarship Fund

The Frank and Eleanor Gracie Family Scholarship Fund was created by Frank Gracie, Jr. to honor the memory of his wife Eleanor and sons David and Paul. The fund provides a minimum of one \$800 scholarship annually to a senior attending New Bedford High School. Selection will be weighted 50% on financial need, 50% on academics. Scholarship payment is made directly to the institution of higher learning and is contingent upon the successful completion of the first enrolled semester.

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

The Frank and Eleanor Gracie Family Scholarship Fund was transferred to the Community Foundation in 2006.

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

**FRANK AND ELEANOR GRACIE FAMILY SCHOLARSHIP FUND
2010 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.: Gracie Scholarship
63 Union Street, New Bedford, MA 02740

Application must in the Community Foundation's office before 5:00 p.m., April 5, 2010

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:** _____