



COMMUNITY FOUNDATION of Southeastern Massachusetts

The New Bedford High Class of 1960 Scholarship

The New Bedford High Class of 1960 Scholarship was established at the Community Foundation of Southeastern Massachusetts to provide tuition assistance to Greater New Bedford graduating seniors whose parent or grandparent was a New Bedford High School graduate. Preference is given to a child or grandchild of a graduate of the New Bedford High School class of 1960. This scholarship awards a minimum of one scholarship of \$500 or more annually. Criterion for selection emphasizes need with consideration given to academic performance and extracurricular activities/community service.

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 New Bedford High Class of 1960 Scholarship was transferred to the Community Foundation of Southeastern Massachusetts in 2008.

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

New Bedford High Class of 1960 Scholarship

2010 APPLICATION

1. Name _____ Tel # _____
2. Address _____ City _____ State _____ Zip _____
3. Parent's/Guardian's Name _____ Occupation _____ NBHS Class of * _____
Income (include all revenue): last year \$ _____ anticipated for this year \$ _____
4. Parent's/Guardian's Name _____ Occupation _____ NBHS Class of * _____
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) A list of activities and/or volunteer work you have participated in outside of school along with contact names and telephone numbers
- 3) An **official** transcript of your grades (stamped or in envelope with school seal).
- 4) Student Aid Report (SAR), indicating your **Expected Family Contribution (EFC)**

* If grandparent is a graduate of New Bedford High School, please submit name and graduation year.

SUBMIT COMPLETED AND SIGNED APPLICATION WITH ATTACHMENTS TO:

Community Foundation of Southeastern Massachusetts; Attn.: NBHS Class of 1960 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: _____