



# COMMUNITY FOUNDATION of Southeastern Massachusetts

## **Katherine Hassan Penton, New Bedford Class of 1948, Scholarship Fund**

The Katherine Hassan Penton, New Bedford Class of 1948, Scholarship Fund is awarded annually to a member of the graduating class from New Bedford High School. The fund provides a scholarship of at least \$3,000 to a graduating senior from New Bedford High School. Recipients must attend an accredited four-year college or university and pursue a course of business study. 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](http://www.cfsema.org)

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

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The Katherine Hassan Penton, New Bedford High School Class of 1948, Scholarship Fund was established at the Community Foundation in 2006 for NBHS seniors who plan to major in business at a four-year college or university. A New Bedford native who became a successful businesswoman, Katherine Hassan Penton established the scholarship in grateful appreciation for the opportunities her education at NBHS and her life in New Bedford have afforded her.

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

**KATHERINE HASSAN PENTON, NEW BEDFORD CLASS OF 1948,  
SCHOLARSHIP FUND 2010 APPLICATION**

1. Name \_\_\_\_\_ Tel # \_\_\_\_\_ High School \_\_\_\_\_
  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) \_\_\_\_\_
- 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.: Penton 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: \_\_\_\_\_