



# COMMUNITY FOUNDATION of Southeastern Massachusetts

## **Frank D. Sylvania Trust Scholarship**

The Frank D. Sylvania Trust Scholarship was established by Frank D. Sylvania to honor the memory of his late son, Frank P. Sylvania. It is limited to indigent and deserving students who are residents of Dighton or Somerset and plan to attend a college or university. Currently, the value of this scholarship is up to \$8,000 with tuition to be paid directly to the school. The criterion for selection will be weighted 75% on financial need, 25% on academics.

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 Frank D. Sylvania Trust was transferred to the Community Foundation of Southeastern Massachusetts in 2006.

**FRANK D. SYLVIA TRUST SCHOLARSHIP FUND**  
**2010 APPLICATION**

1. Name \_\_\_\_\_ Tel # \_\_\_\_\_ HS \_\_\_\_\_
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.: Sylvia 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: \_\_\_\_\_