2008 Application Form

City of Cambridge Scholarship Fund

The City of Cambridge Scholarship Fund was established in 1993 to provide financial assistance to Cambridge residents who wish to pursue post secondary education. We commend you for planning to further your education and encourage you to apply for other financial assistance as well, particularly federal and state aid by completing and submitting the Free Application for Federal Student Aid (FAFSA). This form is available at www.fafsa.ed.gov.

Eligibility Requirements

- Must be a resident of Cambridge
- Must be attending, have received admittance to, or have an application pending at an accredited education institution beyond the high school level prior to the award date (May 2008).
- Scholarship is paid directly to the education institution, and must be used during the 2008/2009 academic year.
- Prior recipients **NOT** eligible; the City Scholarship Award is one-time only

Application Submission Documents

1. Completed application form
2. Transcript of grades from high school, college or other post secondary institution
3. Please do NOT include letters of reference.

Submit To:

City of Cambridge Finance Department
C/O Juliet Turner
795 Massachusetts Avenue
Cambridge, MA 02139

APPLICATION DEADLINE/POSTMARK DATE

March 5, 2008

All materials must be postmarked by the application deadline.

Copies of this form are available on-line at: www.cambridgema.gov/dept/finance.html

City of Cambridge Scholarship Fund

Please print or type

APPLICANT INFORMATION

Name:

LAST FIRST MIDDLE INITIAL

Address:

NUMBER STREET CITY STATE ZIPCODE

Telephone Number: Gender: Female Male

Date of Birth:

High School Name: Graduation Date: Mo. Yr.

High School Address:

NUMBER STREET CITY STATE ZIPCODE

PARENT/GUARDIAN INFORMATION

A. Parent/Guardian Name:

LAST FIRST MIDDLE INITIAL

Address (if different from yours):

NUMBER STREET CITY STATE ZIPCODE

Telephone Number: Relationship to Applicant:

B. Parent/Guardian Name:

LAST FIRST MIDDLE INITIAL

Address (if different from yours):

NUMBER STREET CITY STATE ZIPCODE

Telephone Number: Relationship to Applicant:

SCHOOL AND COMMUNITY INVOLVEMENT

List all school and community activities in which you have participated during the past 4 years. (e.g. student government, music, sports, volunteer work, church activities).

Activity	No. Years	Offices Held, Special Awards, Honors	Activity	No. Years	Offices Held, Special Awards, Honors

WORK EXPERIENCE

Describe your work experience during the past 4 years. Indicate dates of employment in each job and approximate number of hours worked each week.

Employer	Position	Date From (mo/year)	Date To (mo/year)	Hours Per Week	Compensation

ASPIRATIONS AND GOALS

In what do you intend to major?

In what career are you most interested?

Describe briefly any special talents you have:

ACADEMIC STATUS IN COMING YEAR:

Undergraduate 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ Graduate 1 ◯ 2 ◯

Student will live on campus ◯ off campus ◯ student will commute ◯

College/Postsecondary program to which you have applied for 2007/2008 or are currently attending.

1. Pending ◯ Accepted ◯ Enrolled ◯
2. Pending ◯ Accepted ◯ Enrolled ◯
3. Pending ◯ Accepted ◯ Enrolled ◯
4. Pending ◯ Accepted ◯ Enrolled ◯

NAME:

APPLICANT ACADEMIC INFORMATION

If you are currently enrolled as a student, this section must be completed and signed by an authorized school official. If you are NOT currently enrolled, you may include a copy of your SAT results in lieu of having this section completed.

GPA
Cumulative grade point average

Test Scores

SAT Verbal SAT Math SAT Writing

I certify this data is from a current and official transcript

_____	_____	_____	_____
SCHOOL OFFICIAL'S SIGNATURE	TITLE	DATE	TELEPHONE NO

APPLICANT EVALUATION

If you are currently enrolled as a student, this section must be completed by a high school or college advisor.

If you are NOT currently enrolled as a student, this section may be completed by a work supervisor, a community leader, a member of the clergy, or an instructor.

Dear Evaluator:

You have been asked to provide information in support of this applicant for the City of Cambridge Scholarship. Please answer the following questions carefully.

The applicant's achievements reflect his/her ability	Extremely well	Very well	Moderately well	Not well
The applicant's ability to set realistic and attainable goals is	Excellent	Good	Fair	Poor
The quality of the applicant's commitment to school and community is	Excellent	Good	Fair	Poor
I know the applicant	Extremely well	Very well	Moderately well	Not well

Comments

_____	_____	_____	_____
NAME	SIGNATURE	TITLE	DATE

PERSONAL STATEMENT Please write a brief statement (300-500 words) of your plans as they relate to your educational and career objectives and personal goals. If you prefer to attach a typed document, please do so.

FINANCIAL INFORMATION

A. Financial Aid Awarded for 2008/2009 Academic Year

Please list all financial aid you have already received.

Description: Amount:

Description: Amount:

Description: Amount:

B. Income Verification

Person financially responsible for applicant: Self Parent/Guardian Other

Did this person file a 2006 Federal Income Tax Return? Yes No

If YES, complete Section B-1 based on tax return. Note: If parents file separately, report combined income info.

If NO, complete Section B-2 based on income received during 2007.

B-1 Taxable and Non-taxable Income from 2006 Federal Tax Return

1. Adjusted gross income:
2. Salaries and wages:
3. Other taxable income (interest, dividends, rental income, etc.):
4. Child support received for all children:
5. Social Security benefits for whole family:

B-2 Non-Taxable income for 2007

1. Non-taxable income from any source:

B-3 Family Assets and Debt

1. Home (if owned): Present market value: Unpaid principal:
   Annual mortgage payment:
2. If family rents residence: Annual rent:
3. Medical/Dental expenses:
4. How many children, including applicant, reside in the home or are receiving support?
5. How many children are currently enrolled in college?

C. Special Circumstances. Are there any special circumstances the Scholarship Committee should consider in evaluating need? (*high medical expenses, education and other debts, child care, elder care or other special circumstances)*

CERTIFICATION AND SIGNATURES

Certification: All of the information on this application form is true and complete to the best of our (my) knowledge

Parent/Guardian: _____ Parent/Guardian: _____

Applicant: _____Date: _____