

2007 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 <http://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 2007).
- Scholarship is paid directly to the education institution, and must be used during the 2007-2008 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. Student evaluation form completed by high school or college counselor/advisor, a member of the clergy, a teacher/professor, or a professional associate. Please do not submit additional letters.
4. Completed financial aid questionnaire or FAFSA form

Submit To:

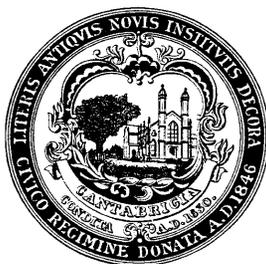
City of Cambridge Finance Department
C/O Juliet Turner
795 Massachusetts Avenue
Cambridge, MA 02139

APPLICATION DEADLINE/POSTMARK DATE

February 28, 2007

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

I. 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

II. 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:

III. SCHOOL AND COMMUNITY INVOLVEMENT

List all school and community activities in which you have participated recently (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
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IV. WORK EXPERIENCE

Describe your work experience during the past two 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
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V. ASPIRATIONS AND GOALS

In what do you intend to major?

In what career are you most interested?

Describe briefly any special talents you have:

VI. 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 will enroll.

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

NAME:

VII. APPLICANT ACADEMIC INFORMATION

This form must be completed and signed by an authorized school official. High School students may submit GPA and Test Score information on this form and do not need to submit a transcript. Students who have completed less than two semesters of post-secondary education **must include a copy of high school transcript of grades.** Currently enrolled post-secondary students with two or more semesters of coursework must include most recent college or voc-tech transcript of grades. (NOTE: *An applicant who has been out of school for five or more years is not required to submit a transcript nor have Section VII completed. Section VIII, Student Evaluation, must be 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

VIII. STUDENT EVALUATION

To be completed by a high school or college advisor, a member of the clergy, an instructor, a professional associate or a supervisor.

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

IX. 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.

X. FINANCIAL INFORMATION

A. Financial Aid Already Received

Please list all financial aid you have already received.

Description: Amount:\$
Description: Amount:\$
Description: Amount:\$

B. 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)

C. Income Verification

This should be completed by the parent(s)/guardian(s) of the applicant. * Applicant may submit completed FASFA form in lieu of completing the following section X.C.

A. Taxable and Non-taxable Income from 2005 Federal Tax Return

Income tax filing status: Single Married, joint return Married, filing separately
Head of household Did not file

- 1. Adjusted gross income: \$
2. Salaries and wages of parent/guardian in IIA: \$
3. Salaries and wages of parent/guardian in IIB: \$
4. Other taxable income (interest, dividends, rental income, etc.): \$
5. Child support received for all children: \$
6. Social Security benefits for whole family: \$

B. 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 student, reside in the home or are receiving support?

*Note: Independent applicants should provide financial information pertaining to his/her own federal tax returns; parental information is not required in that case.

CERTIFICATION AND SIGNATURES
Certification: All of the information on this application form is true and complete to the best of our (my) knowledge. If asked by an authorized official of the Scholarship Fund, we (I) agree to give proof of the information provided on this form. We (I) realize that this proof may include a copy of our (my) U.S. and/or Massachusetts Income Tax Return (s). We (I) also realize that if we (I) do not give proof when asked, the student may not get aid. Falsification of information may result in termination of any scholarship granted.
Parent/Guardian: _____ Parent/Guardian: _____
Applicant: _____ Date: _____