



EAST CAMBRIDGE SCHOLARSHIP FUND

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[Empty box for Award Amount]

Award Amount

For ECSF use only

[Empty box for ID#]

ID#

Deadline: April 15, 20\_\_\_\_

A. APPLICANT DATA

Please Print or Type in Black Ink Only

Form with sections for Name, Permanent Address, Campus Address, Parent 1, and Parent 2, each with fields for last name, first name, middle initial, number, street, town/city, state, zip code, telephone number, and email address.

PLEASE SUBMIT COPIES OF GUARDIAN'S AND APPLICANT'S IRS FORMS 1040 FOR THE PREVIOUS YEAR WITH W-2 AND AN OFFICIAL TRANSCRIPT OF HIGH SCHOOL GRADES OR MOST RECENT OFFICIAL COLLEGE OR VOC-TECH TRANSCRIPT OF GRADES ALONG WITH THIS APPLICATION.

SEND TO EAST CAMBRIDGE SCHOLARSHIP FUND, INC. P.O. BOX 410026, CAMBRIDGE, MA 02141

Recipients are selected fairly and anonymously regardless of race, color, creed, religion, sex, national origin or disability.

Your privacy is important to us. To better protect your privacy, The East Cambridge Scholarship Fund, Inc. insures that all information given on this application is kept confidential. Should you have any questions about our privacy policy please contact us.



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**FINANCIAL ASSISTANCE QUESTIONNAIRE**

**B. INCOME, EXPENSE, AND ASSET DATA FOR THE PREVIOUS YEAR**

Please have your Parent(s)/Guardian(s) fill in the following section.

A completed tax return - IRS Form 1040 with W-2 Forms

1. Adjusted gross income ..... \$ \_\_\_\_\_

2. Total U.S. Income tax paid ..... \$ \_\_\_\_\_

3. Income earned from work by Father/Guardian ..... \$ \_\_\_\_\_

    Mother/Guardian ..... \$ \_\_\_\_\_

    Applicant ..... \$ \_\_\_\_\_

4. Untaxed income benefits: Social Security, ADFC, ADC other ..... \$ \_\_\_\_\_

5. Medical/Dental expenses not paid by insurance ..... \$ \_\_\_\_\_

6. Cash, savings, bonds, stocks, checking accounts, certificates of deposits, notes, etc..... \$ \_\_\_\_\_

**C. ADDITIONAL INFORMATION**

1. The parents'/guardians' current marital status is:  single  married  separated  divorced  widowed

2. Total number of family members who will be attending a post-secondary school at least 1/2 time during the coming school year, including applicant..... \_\_\_\_\_

3. Number of years at present address ..... \_\_\_\_\_

4. Previous East Cambridge address(es) Address: \_\_\_\_\_ # of Years: \_\_\_\_\_

    Address: \_\_\_\_\_ # of Years: \_\_\_\_\_

    Address: \_\_\_\_\_ # of Years: \_\_\_\_\_

**D. CERTIFICATION AND SIGNATURES**

Certification: All of the information on this form is true and complete to the best of my (our) knowledge. If asked by an authorized official of ECSF, I (we) agree to give proof of the information that I (we) have given on this form. I (we) realize that this proof will include a copy of my (our) U.S. and/or state income tax return. I (we) also realize that if I (we) do not give proof when asked, the student will not get aid.

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Parent No. 1 Signature Date

\_\_\_\_\_  
Parent No. 2 Signature Date



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\_\_\_\_\_

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### E. SCHOOL DATA

#### HIGH SCHOOL SENIORS ONLY:

High School Attending: \_\_\_\_\_

First choice of school for which scholarship is requested:

\_\_\_\_\_ School Name \_\_\_\_\_ City/State \_\_\_\_\_ Major

4 yr. College/University  Community College  Voc-Tech  Other Accredited?  Yes  No

#### Check one in each box

Resident \_\_\_\_\_  
Commuter \_\_\_\_\_

Accepted \_\_\_\_\_  
Pending \_\_\_\_\_

Full-Time Student \_\_\_\_\_  
Part-Time Student \_\_\_\_\_

Estimated Yearly Tuition \_\_\_\_\_ Estimated Yearly Room and Board \_\_\_\_\_

#### POST HIGH SCHOOL STUDENTS ONLY:

Year Graduated from High School / GED \_\_\_\_\_

Present School Attending \_\_\_\_\_ Year 1 2 3 4

Post College Graduate School Attending \_\_\_\_\_ Year 1 2 3 4

First Choice of school for which scholarship is requested:

\_\_\_\_\_ School Name \_\_\_\_\_ City/State \_\_\_\_\_ Major

4 yr. College/University  Community College  Voc-Tech  Other Accredited?  Yes  No

#### Check one in each box

Resident \_\_\_\_\_  
Commuter \_\_\_\_\_

Accepted \_\_\_\_\_  
Pending \_\_\_\_\_

Full-Time Student \_\_\_\_\_  
Part-Time Student \_\_\_\_\_

Estimated Yearly Tuition \_\_\_\_\_ Estimated Yearly Room and Board \_\_\_\_\_

If you received scholarships, grants, or loans last year, list below.

Source	Amount
_____	_____
_____	_____
_____	_____
_____	_____



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## F. PERSONAL DATA

Describe your work experience during the past four (4) years. Indicate dates of employment in each job, and approximate number of hours worked each week. List total amounts earned at each job.

Position	Date From (mo/yr)	Date To (mo/yr)	Hours per week	Amount Earned

List all school activities in which you have participated during the **past four (4) years** (e.g. student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four (4) years** (e.g., Red Cross, church work, volunteer work). Indicate all special awards, honors.

Activity	No of Yrs. Partic.	Special Awards, Honors	Activity	No of Yrs. Partic.	Special Awards, Honors

## G. PERSONAL STATEMENT

Please attach a written or typed statement (min. of 500 words) of your plans as they relate to your educational or career objectives and overall goals for the future. Tell us how being awarded a scholarship from the ECSF would assist you in achieving these goals. Include any family or personal circumstances you feel warrant attention.

## H. APPLICATION CHECKLIST

THIS APPLICATION FOR STUDENT AID BECOMES COMPLETE AND VALID ONLY WHEN YOU HAVE RETURNED ALL OF THE FOLLOWING MATERIALS:

- Completed Scholarship Application
- Current Official Transcript of Grades
- Personal Statement
- IRS Form 1040 with W2 Form (Parent/Guardian)
- IRS Form 1040 with W2 Form (Applicant)

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of any information may result in termination and reimbursement of any scholarship granted.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date