



\$20,000 Annual Scholarship Application

The Institution for Savings will award six scholarships annually in the amount of \$20,000 each. Recipients must be graduating seniors from Amesbury, Beverly, Gloucester, Hamilton-Wenham, Ipswich, Masconomet Regional, Pentucket Regional, Newburyport, Rockport, Salem or Triton Regional High Schools.

Eligibility Criteria

- You must be one of the top 50 students academically in the class. **If your school does not track class rank, please ask your Guidance Department to submit a letter with your application certifying that you are in the top 50 students in your class.**
- You must apply and/or have been accepted for admission at an accredited college or university.
- You should demonstrate traits consistent with the Bank's vision: having a positive effect on other people or his/her community through leadership, volunteerism, innovation, service and academic achievement.

Submission

Applicants must complete and submit the following in one envelope to:

Institution for Savings Scholarship Committee, PO Box 510, Newburyport, MA 01950

Please include all required documents together at the time of your submission, including all recommendations (they may be enclosed in sealed envelopes so as to remain confidential if desired). Incomplete submissions that do not include all required documents will not be considered.

- ☐ Your Completed application (attached)
- ☐ A copy of your high school transcript (indicating class rank or a letter from your guidance counselor confirming you are in top 50)
- ☐ A copy of your FAFSA confirmation page that includes your Student Aid Index (SAI).
- ☐ Autobiographical statement
- ☐ Two completed essays (see Application)
- ☐ Two letters of recommendation



Student's Name _____ School _____

Street Address _____ City/Town _____

Cell Phone _____ Email Address _____

Date of Birth _____ Grade Point Average _____ Class Rank _____ (top 50 students qualify)*

PART 1—TO BE COMPLETED BY THE STUDENT

Name of College you plan to attend (list top choices if undecided) and anticipated costs for each:

| | 1 st Choice | 2 nd Choice | 3 rd Choice |
|------------------|------------------------|------------------------|------------------------|
| College Name | | | |
| Accepted Yet? | | | |
| Tuition | | | |
| Room and Board | | | |
| Travel | | | |
| Books, materials | | | |
| Total | | | |

Your intended course of study or career plans _____

Your financial resources (total savings, checking, CDs, etc.) \$ _____

Do you work during the school year? _____ If YES, how many hours per week? _____

Amount you earned last summer \$ _____

Do you own a car? _____ If YES, make, model and year _____

List the names and amounts of all scholarships/grants you have been awarded:

Essays:

1. **In no more than one typewritten page please attach a brief autobiographical statement.** Outline your activities, interests and achievements in high school and in the community. Which activity has been most important to you and why? Include a description of any unpaid work or volunteer activities.
2. **Please answer TWO of the following questions in no more than 2 typed pages and attach:**
 - a. What do you aspire to be and why?
 - b. What insights have you gained from a significant experience and how has it influenced your life?
 - c. Who do you consider to be an important role model in your life? How will *you* be a role model?

Signature of Applicant _____ Date _____

*If your school does not provide Class Rank, your Guidance Counselor must submit a letter stating you are in top 50.

Continued

PART 2—TO BE COMPLETED BY PARENT OR GUARDIAN

Father's or Guardian's Name _____

Address (if different than Applicant) _____

Occupation _____

Mother's or Guardian's Name _____

Address (if different than Applicant) _____

Occupation _____

Names, ages and relationships of dependents to applicant

Name

Age

Relationship

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Do you currently have any relatives who work at the Institution for Savings? YES NO (If YES, complete below)

Name of Employee _____ Relationship _____

Describe any unusual circumstances or financial expenses in your household or business in the past year or in recent years which might adversely affect your ability to pay for the applicant's educational expenses (example: employment layoff, extensive medical expenses for family member, etc.) Attach separate sheet if needed.

| |
|-------|
| _____ |
| _____ |
| _____ |

Please list SAI (Student Aid Index) as indicated on FAFSA: _____
(Attach confirmation email)

Checklist for Submitting Completed Application (please submit ALL in one envelope)

- ☐ Completed application
- ☐ Copy of high school transcript (with class rank OR letter from your Guidance Counselor attesting you are in top 50 students)
- ☐ Autobiographical statement
- ☐ Two completed essays
- ☐ Two letters of recommendation
- ☐ Copy of FAFSA confirmation containing Student Aid Index (SAI).

*The information provided in this Application is reviewed by the Institution for Savings Scholarship Committee and is kept completely confidential. **Applications must be completed in full to be considered. Please submit completed application and ALL attachments to: Institution for Savings Scholarship Committee, PO Box 510, 93 State Street, Newburyport, MA 01950. Incomplete applications will not be considered.**