

\$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, your Guidance Department must determine whether you are eligible to apply.
- 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 to:								
Institution for Savings Scholarship Committee, PO Box 510, Newburyport, MA 01950.								
Incomplete submissions 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 spected Family Income (EFC)							
	Autobiographical statement							
	Two completed essays (see Application)							
	Two letters of recommendation							



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(Please type or use black ink and print clearly)

Student's Name		School			
Street Address		City/Town Email Address			
Cell Phone					
Date of Birth	Grade Poir	Grade Point Average		(top 50 students qualify	
PART 1—TO BE COM	PLETED BY THE STUDENT				
Name of College you plan	to attend (list top choices if und	lecided) and anti	icipated costs for each:		
	1 st Choice	1	d Choice	3 rd Choice	
College Name					
Accepted Yet?					
Tuition					
Room and Board					
Travel					
Books, materials					
Total					
Oo you work during the s	total savings, checking, CDs, etc.; chool year? If YE	S, how many ho			
	summer \$ If YES, make, model and year				
	nts of all scholarships/grants you		rded:		
Essays:					
In no more than interests and act	one typewritten page please at nievements in high school and in de a description of any unpaid wo	the community.	Which activity has be	<u>-</u>	
a. What do What ir	WO of the following questions in you aspire to be and why? Insights have you gained from a single you consider to be an important.	gnificant experie	ence and how has it inf	luenced your life?	
Signature of Applicant			Date		

PART 2—TO BE COMPLETED BY PARENT OR GUARDIAN

Father	's or Guardian's Name			
Addres	ss (if different than Applicant)			
Occup	ation			
Mothe	r's or Guardian's Name			
Addres	ss (if different than Applicant)			
Occup	ation			
Names	, ages and relationships of depend	dents to applicant		
Name		Age	Relationship	
			gs? YES NO (If YES, complete below)	
Name	of Employee		Relationship	
which		ty to pay for the applicant's ed	ehold or business in the past year or ducational expenses (example: emp : if needed.	· •
	list EFC (expected family contribu	tion) as indicated on FAFSA:		(Attach
Checl	Copy of high school transcript (Autobiographical statement Two completed essays Two letters of recommendation	with class rank or a letter from yo		

*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 attachments to: Institution for Savings Scholarship Committee, PO Box 510, 93 State Street, Newburyport, MA 01950. Incomplete applications will not be considered.