

\$5,000 Patricia D. Connelly Scholarship Application

Patricia D ("Pat") Connelly was a lifelong native of Newburyport and a 38-year employee of the Institution for Savings who passed away in June of 2020. Pat was a 1964 graduate of Newburyport High School and was a true Clipper who embodied the spirit of kindness and believed in giving back to her community and others less fortunate than herself, a mantra she lived every day. In her honor and memory, the Institution for Savings will award one scholarship annually in the amount of \$5,000 each. Recipient must be a graduating senior from Newburyport High School and embody the spirit in which Pat lived her life. Applicants must also be accepted for admission at an accredited college or university.

Submission

| Applicants must complete and submit the following to the Patricia D. Connelly Scholars | ship Committee, |
|--|-----------------|
| PO Box 510, Newburyport, MA 01950. Incomplete submissions will not be considered | • |

| Your Completed application (attached) |
|---------------------------------------|
| A copy of your high school transcript |
| Autobiographical statement |
| One completed essay (see Application) |
| One letter of recommendation |



Signature of Applicant_

Patricia D. ("Pat") Connelly \$5,000 Annual Scholarship Application

(Please type or use black ink and print clearly)

Date_

| Student's Name | | | | | |
|--|---|---|--------------------------------|--|--|
| Street Address | City/Town | | | | |
| Cell Phone | Email Address | | | | |
| Date of Birth | Grade Point Average | | | | |
| PART 1—TO BE | COMPLETED BY THE STUDEN | т | | | |
| Name of College you | u plan to attend (list top choices if r | undecided) and anticipated costs for ea | ach: | | |
| | 1 st Choice | 2 nd Choice | 3 rd Choice | | |
| College Name | | | | | |
| Accepted Yet? | | | | | |
| Tuition | | | | | |
| Room and Board | | | | | |
| Travel | | | | | |
| Books, materials | | | | | |
| Total | | | | | |
| Your intended cours | se of study or career plans | | | | |
| | | | | | |
| Your financial resou | rces (total savings, checking, CDs, e | etc.) \$ | | | |
| Do you work during | the school year? If | f YES, how many hours per week? | | | |
| Amount you earned | l last summer \$ | | | | |
| List the names and | amounts of all scholarships/grants | vou have been awarded: | | | |
| List the names and | amounts of an sonorarsmps, grants | you have been awarded. | | | |
| | | | | | |
| achievements in hig description of any u 1. Essay | e typewritten page please attach a gh school and in the community. W Inpaid work or volunteer activities. | brief autobiographical statement outling thich activity has been most important thick the state of the state | to you and why? Include a | | |
| | rou believe that giving back is impo | | ck to others in your community | | |

PART 2—TO BE COMPLETED BY PARENT OR GUARDIAN

| Father' | s or Guardian's Name | | | _ |
|---------|---|------------------------------------|--|-------------|
| Addres | s (if different than Applicant) | | | _ |
| Occupa | ation | | | |
| Mothe | r's or Guardian's Name | | | _ |
| Addres | s (if different than Applicant) | | | |
| Occupa | ation | | | |
| Names | , ages and relationships of depend | lents to applicant | | |
| Name | | Age | Relationship | |
| | | | | - |
| | currently have any relatives who | work at the Institution for Saving | rs? YES NO (If YES, complete below) | - |
| Name (| of Employee | | Relationship | |
| which | | ity to pay for the applicant's e | chold or business in the past year or in ducational expenses (example: employ if needed. | - |
| | | | | _ |
| | | | | _ |
| | | | | _ |
| | list EFC (expected family contribut nation email) | tion) as indicated on FAFSA: | | (Attach |
| Check | list for Submitting Complete | ed Application | | |
| | Completed application Copy of high school transcript Autobiographical statement Completed essay | • | | |

^{*}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 by April 1st, 2022 to Patricia D. Connelly Scholarship Committee, PO Box 510, 93 State Street, Newburyport, MA 01950. Incomplete applications will not be considered.