

# APPLICATION FOR THE NORMAN L. QUINT SCHOLARSHIP

*Sponsor: Institution for Savings Amount of Award: \$1,000*

*(Please type or use black ink and print clearly)*



**Norman L. Quint**  
*Ipswich Co-operative Bank  
Retired Chairman of the Board  
Director 1956-1990*

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade Point Average \_\_\_\_\_ Decile \_\_\_\_\_

## Part 1—to be completed by the Student

Name of School/College you plan to attend (list top choices if undecided) \_\_\_\_\_

Your intended course of study or career plans \_\_\_\_\_

Educational expenses:	Tuition	\$ _____
	Room and Board	\$ _____
	Travel	\$ _____
	Books, materials, etc.	\$ _____
	Total	\$ _____

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 scholarships or grants that you have already received:

\_\_\_\_\_  
\_\_\_\_\_

## Essays

Please write a brief autobiographical statement on a separate sheet of paper and attach it to your application. Discuss why you selected your career and college, and outline your activities, interests, and achievements in high school and in the community. Which activity or interest has been most important to you? Why? Include a summary of any paid or volunteer work. Include 2 letters of recommendation.

1. Please answer ONE of the following questions in no more than 2 typed pages:

- What do you aspire to be and why?
- What insights have you gained from a significant experience and how has it influenced your life?

## Part 2—to be completed by Parent or Guardian

*Continued*

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**

Name	Age	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 EFC (expected family contribution) as indicated on FAFSA. \_\_\_\_\_  
(Attach confirmation email)

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### Submission Requirements (please submit together in one envelope)

- Completed application
- Copy of High School Transcript
- Autobiographical statement
- One Essay
- Two letters of recommendation

\*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.

