



# INSTITUTION FOR SAVINGS

CHARITABLE FOUNDATION

## **\$15,000 Annual Scholarship Application** *Awarded to a graduating Senior at Gloucester High School* *(Please type or use black ink and print clearly)*

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

Address \_\_\_\_\_

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 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 been awarded or of which you have been notified or are aware.

### **Essays:**

1. In no more than one typewritten page please write 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:
  - a. What do you aspire to be and why?  
What insights have you gained from a significant experience and how has it influenced your life?  
Who do you consider to be an important role model in your life? How will *you* be a role model?

*Continued on reverse side*

**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 EFC (expected family contribution) as indicated on FAFSA: \_\_\_\_\_  
(Attach confirmation email)

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

**Submission Requirements:**

- Completed application
- Copy of High School Transcript
- Autobiographical statement
- Two Essays
- 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 **by March 29, 2018** to your School Guidance office or directly to the Institution for Savings Charitable Foundation Scholarship, PO Box 510, 93 State Street, Newburyport, MA 01950.