



INSTITUTION FOR SAVINGS

2 DEPOT SQUARE IPSWICH CHARITABLE FOUNDATION

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

Student's Name _____

Street Address _____ City/Town _____

Cell Phone _____ Email Address _____

Date of Birth _____ Grade Point Average _____ Class Rank/Decile _____ (must be in Deciles 1, 2 or 3 to 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 to your School Guidance office or directly to the 2 Depot Square Ipswich Savings Charitable Foundation Scholarship, PO Box 510, 93 State Street, Newburyport, MA 01950.