



# SCHOLARSHIP — of Falmouth — ASSOCIATION

## INSTRUCTIONS/REQUIREMENTS

- Please *type* or *print* with *black ink*. All information must be complete. An incomplete application and/or any missing materials **WILL DISQUALIFY** you from the pool of applicants (see checklist below).
- Applications will be available online at <http://www.falmouthscholarships.org> or at the FHS Guidance Office on **March 5, 2018**.
- Applicant must have attended Falmouth Public Schools for at least one year between grades 8-12.
- Applicants are required to submit a one page essay. Please pay strict attention to the following guidelines:
  1. Why do you consider yourself an achiever?
  2. How have you made the best of your talents?
  3. What aspirations do you have to better yourself and your life?
  4. Why should the Scholarship Association of Falmouth consider you as a recipient?
- Please attach your most current transcript (first semester) and résumé of school and community activities.

MAIL To: **(must be postmarked no later than Thursday, April 5, 2018)**

Scholarship Association of Falmouth  
PO Box 369  
Falmouth, MA 02541

OR

DROP OFF TO: Ms. Carrara at the Falmouth High School Guidance Office by  
**NOON, Thursday, April 5, 2018.**

### Checklist:

- Essay
- Transcript (First Semester)
- Résumé
- Student and Parent Signatures
- EFC/FAFSA Cover Sheet

<b>OFFICE USE ONLY</b>
___ FAFSA
___ TRANSCRIPTS
___ SIGNATURE PAGE
___ RESUME
___ ESSAY

**THE SCHOLARSHIP ASSOCIATION OF FALMOUTH  
PO BOX 369, FALMOUTH, MA 02541**

<b>Name:</b>	_____	<b>Counselor:</b>	_____
	(Last, First, Middle Initial)		
<b>Address:</b>	_____	<b>Phone Number:</b>	_____
<b>Father's Name:</b>	_____	<b>Occupation:</b>	_____
<b>Address:</b>	_____	<b>or retired from:</b>	_____
<b>Mother's Name:</b>	_____	<b>Occupation:</b>	_____
<b>Address:</b>	_____	<b>or retired from:</b>	_____

**Brothers and sisters dependent on parents' income:**

<u>Name</u>	<u>Age</u>	<u>Student (name of school)</u>	<u>Other</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<b>Employer(s):</b>	<b>Type of work you perform(ed):</b>
_____	_____
_____	_____

**Schools to which you have applied: *(Please circle the one you plan to attend)***

<b>School Name</b>	<b>Accepted Yes/No</b>	<b>Intended Major</b>	<b>Length of Program</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**THE SCHOLARSHIP ASSOCIATION OF FALMOUTH**  
**PO BOX 369, FALMOUTH, MA 02541**

The Scholarship Association of Falmouth invites you to complete an application for several scholarships offered. With this application, you are eligible for one or more of the awards administered by the Association. Everyone will be considered for all of the awards listed, but some awards have special stipulations.

**Please check ONLY those that apply to you.**

- |  |  |
|--|--|
| <input type="checkbox"/> 01. Science         | <input type="checkbox"/> 08. Medical/Nursing                                   |
| <input type="checkbox"/> 02. Falmouth Native | <input type="checkbox"/> 09. Dance   |
| <input type="checkbox"/> 03. Sports          | <input type="checkbox"/> 10. Veterinarian/Horses                               |
| <input type="checkbox"/> 04. Education       | <input type="checkbox"/> 11. Resident of North Falmouth area                   |
| <input type="checkbox"/> 05. Visual Arts     | <input type="checkbox"/> 12. Resident of Teaticket Area                        |
| <input type="checkbox"/> 06. Theatre Arts    | <input type="checkbox"/> 13. Resident of Maravista/Falmouth Heights Area       |
| <input type="checkbox"/> 07. Music           | <input type="checkbox"/> 14. Secretaries of Falmouth Public Schools (child of) |

**Have you applied for Financial Aid?**

Yes  No

If yes, please attach the cover sheet which has the EFC (Estimated Family Contribution) from FAFSA (Free Application for Federal Student Aid). The summary page and Financial Aid offer from the college (if applicable) **is a requirement.**

**THE SCHOLARSHIP ASSOCIATION OF FALMOUTH  
PO BOX 369, FALMOUTH, MA 02541**

**List anticipated sources of funds and all anticipated costs for the next school year.**

**College Expenses**

Tuition \_\_\_\_\_  
Room/Board \_\_\_\_\_  
Other \_\_\_\_\_  
**Total** \_\_\_\_\_

**Resources Anticipated**

From Parents \_\_\_\_\_  
From Savings \_\_\_\_\_  
Investments, etc. \_\_\_\_\_  
Summer Earnings \_\_\_\_\_  
**Total** \_\_\_\_\_

**Financial Aid from College**

Grants/Scholarships \_\_\_\_\_  
Loans \_\_\_\_\_  
Other \_\_\_\_\_  
**Total** \_\_\_\_\_

**All information submitted on this application is true to the best of my knowledge:**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian has reviewed this application:**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_