



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 2, 2020**.
- 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 9, 2020)**. *Date extended due to school closings as a result of Coronavirus pandemic.*

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 9, 2020.

Checklist:

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

OFFICE USE ONLY
___ FAFSA
___ TRANSCRIPTS
___ SIGNATURE PAGE
___ RESUME
___ ESSAY

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

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

Brothers and sisters dependent on parents' income:

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

Employer(s):	Type of work you perform(ed):
_____	_____
_____	_____

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

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

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 _____

**PLEASE ENSURE THAT ALL REQUIRED DOCUMENTATION IS INCLUDED
BEFORE YOU SIGN.**

Checklist:

- ___ **Essay**
- ___ **Transcript**
- ___ **Résumé**
- ___ **FAFSA Cover Sheet with EFC**
- ___ **Student and Parent Signatures**

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: _____