Name _____

2017

VAN VALKENBURG SCHOLARSHIP FUND

A TUITION SCHOLARSHIP FOR CONTINUING EDUCATION

BEYOND HIGH SCHOOL FOR ASHFIELD RESIDENTS*

Presently attending _____

(NAME OF SCHOOL)

Current GPA _____ Academic Year _____

This trust fund was established under the will of Leo Van Valkenburg. A long time resident and farmer, he was a dedicated supporter of education having served on the Sanderson Academy School Committee for two terms.

A $1,000 minimum scholarship will be awarded through the Ashfield Citizens Scholarship & Community Fund, Inc. The committee will make the determination based on competitive application and available funds. All Ashfield citizens considering studies are encouraged to apply.

Instructions & Check List

- It is the applicant's responsibility to ensure that the application is ***COMPLETE*** with transcript ***AND*** letter of recommendation ***ENCLOSED***
- Inapplicable items are to be marked "N/A".

☐ Enclose your most recent school, college or institution transcript.

☐ Enclose one complete, signed and dated (after 8/1/16) letter of recommendation from non-family that comments on your personal character and integrity.

- ***Incomplete applications will be disqualified***
- The completed application form must be postmarked by **April 5th** and mailed to:
  Ashfield Citizens Scholarship & Community Fund, Inc.
  P.O. Box 120
  Ashfield, MA 01330-0120
- You will be notified of the decision on your application by June 30.

*A resident is defined as any citizen physically residing in the Town of Ashfield for at least one year prior to the date of application, or any dependant student, under the age of 25, of an Ashfield resident.

Revised 12/2016

PLEASE TYPE OR PRINT LEGIBLY

Full Name: _____ Date of Birth: _____

Residence Address: _____

Mailing Address: _____

Telephone #: _____ Email: _____

You must complete either Section A ***OR*** B

A. If you have filed a FAFSA, please enter your EFC $_____

B. Applicant's 2016 adjusted gross income: $_____ (if not a dependent)
(line 37 of Form 1040 or line 21 of Form 1040A)

If you are a dependent:

Mother/Guardian's name: _____
Father/Guardian's name: _____

Family's 2016 adjusted gross income: $_____
(line 37 of 1040 or line 21 of 1040A)

C. All applicants must complete this section:

Siblings dependent on parental income – names and ages:

_____
_____
_____

Schools, Colleges, Institutions or Programs of Learning applied to - please note acceptance status and your preferred choice:

_____
_____
_____
_____

Annual Tuition: $_____ Applicant contribution: $_____
(tuition only)

Family contribution (inc. EFC):
$_____

Activity fees: $ _____ Secured scholarships: $_____

Room & Board: $_____ _____ $_____

Other expense: $_____ _____ $_____

(specify) $_____ _____ $_____

(specify) $_____ _____ $_____

Total Cost **$**_____ Financial Aid: $_____

This section (questions 1 – 3) is to be filled out by ***APPLICANT*** *only*.

Questions:

1) Justify your tuition need. Please explain any financial hardship, sources of funding, such as family, friends, savings, earnings, other scholarships, etc. and expected tuition expenses and other related expenses

2) Please describe your extracurricular activities and demonstrated leadership capacities, awards/honors.

3) Please write a narrative explaining your goals and intentions.

Applicant's Signature: _____ Date: _____