

2018

***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 8/1/17) 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 5<sup>th</sup>*** 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.

**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 2017 adjusted gross income: \$ \_\_\_\_\_ (if not a dependent)  
(Form 1040 or Form 1040A)

If you are a dependent:

Mother/Guardian's name: \_\_\_\_\_

Father/Guardian's name: \_\_\_\_\_

Family's 2017 adjusted gross income: \$ \_\_\_\_\_  
(Form 1040 or Form 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) \$ \_\_\_\_\_ \$ \_\_\_\_\_





