

2020

VAN VALKENBURG SCHOLARSHIP FUND

A TUITION SCHOLARSHIP FOR CONTINUING EDUCATION

BEYOND HIGH SCHOOL FOR ASHFIELD RESIDENTS*

Name _____

Presently attending _____

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 minimum \$1,000 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.

Applications will be evaluated on each of the following criteria; financial need, academic standing, character and integrity, extra-curricular activities and demonstrated leadership.

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 8/1/19) 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 6th** 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 11/2019

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 \$ _____

OR

B. Applicant's 2019 adjusted gross income: \$ _____ (if not a dependant)
(From Form 1040 or Form 1040A)

If you are a dependant:

Mother/Guardian's name: _____

Father/Guardian's name: _____

Family's 2019 adjusted gross income: \$ _____
(From Form 1040 or Form 1040A)

All applicants must complete this section:

Siblings dependant 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 (incl. EFC): \$ _____

Activity fees: \$ _____ Secured scholarships/loans: \$ _____

Room & Board: \$ _____ \$ _____

Other expense: \$ _____ \$ _____

(specify) \$ _____ \$ _____

(specify) \$ _____ \$ _____

Total Cost \$ _____ **Funds Available Total:** \$ _____

