

**MAIN STREET COMMUNITY FOUNDATION
COMMON APPLICATION FORM
2008**

Name of Scholarship Fund you are applying for

Name _____ Tel. No. _____

Home Address _____
(Street and number) (City or town) (State) (Zip Code)

E-mail address _____

Date of Birth _____

List in chronological order the high schools and post secondary schools you have attended:

Name of school	Location	Dates Attended
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Attach a list of extra-curricular activities including community service and/or volunteer work, honors, awards and special accomplishments; include both inside and outside school.

How have you earned your spending money and saved for school expenses

State your career goal(s) _____

Family Information (if you are self-supporting please supply your information)

Father's Name in full* _____

Father's occupation _____

Father's employer _____

Father's Gross Annual Income _____

Mother's name in full* _____

Mother's occupation _____

Mother's employer _____

Mother's Gross Annual Income _____

*If deceased, give date _____

Total number of family members living in the household and primarily supported by the above incomes _____

Parents' current marital status _____

If you have any brothers or sisters, give names, ages, and where employed or where in school _____

Education Costs versus Sources of financial Support for the Next Year

Costs (of school attending or estimate)

Sources of Support

Tuition \$ _____
Room/Board \$ _____
Other (specify) \$ _____
\$ _____
\$ _____
\$ _____

Family Contribution \$ _____
Loans \$ _____
Own Savings \$ _____
Summer Earnings \$ _____
State & Federal Aid \$ _____
Other Scholarships \$ _____

Total Costs \$ _____

Total Support \$ _____

Are there any special circumstances that the scholarship committee should be aware of?

List all schools that you are applying to and the status of your applications:

Please send **four (4)** copies of your application packet. Please make sure it includes:

1. **Signed application with all questions answered.**
2. **Essay requirement if applicable**
3. **Two letters of recommendations from 2 adults who are not family members. At least one should be from someone in your academic community or place of employment.**
4. **An official transcript**

Send to: Jarre Betts
Main Street Community Foundation
P.O. Box 2702
Bristol, CT 06011-2702

I understand that misrepresentation of facts on this application is cause for denial of scholarship consideration, and that any scholarship assistance received under such circumstances must be immediately payable by the recipient to the Main Street Community Foundation. I also understand that if I do not fill out this application completely and sign the application, I will not be considered for a scholarship award.

Signature _____

Applicant

Parent/Guardian (if applicant is under 18)

Date _____

Date _____