

# Town of Weymouth Scholarship Fund



**Apply Now For  
2021  
Scholarships**

**DEADLINE  
March 15,  
2021**

**Incomplete applications or  
applications received after  
the deadline will not be  
considered.**

#### **Scholarship Committee**

Virginia Snell, Chair  
Donna Shea  
Annmarie Rush  
Maureen Hanifan  
Jaimie Lane  
Michael E. Grafton  
Caitlin McInnes  
Matthew Tierney  
Alicia Lyons

**Application Coordinator  
D. Shea 781-335-0312**

**Mail or deliver completed  
application to:**

**Weymouth Scholarship Fund  
Weymouth Town Hall  
75 Middle Street  
Weymouth, MA 02189**

**A secure Lock Box for completed  
Applications is located on the first  
floor of Town Hall**

#### **Dear Scholarship Applicant:**

Thank you for your interest in applying for a Town of Weymouth Scholarship. Awards are made to graduating High School Seniors, presently attending college students and adults enrolling in college for retraining or to pursue graduate degrees.

#### **Applicants must:**

- Be a resident of Weymouth for at least two years as of January 1 of the year of the application;
- Have graduated from high school or have completed the G.E.D. by the time award money is distributed; and
- Plan to attend any two or four-year accredited post-secondary institution.

#### **To apply students must:**

- Complete the Town of Weymouth Scholarship Application.
- Submit with your application an official secondary school record of your grade point average.
- Complete and submit the Financial Assistance Questionnaire (FAQ) with your application

The Award Selection Committee may interview finalists and/or require their most recent Federal tax form and Financial Aid Form for verification of financial need. If selected, finalists must provide evidence that they will be attending a post-secondary institution.

Scholarship applicants are judged on community involvement, academic achievement, character and financial need. Applications are evaluated based on information supplied, and you are encouraged to answer all questions as thoughtfully and completely as possible.

In fairness to all applicants, if you have already received two Town of Weymouth Scholarship awards you will not be eligible to receive a third.

The Application is a fillable PDF form but must be printed and mailed. Sections IV, D and V, Section F must be completed and signed by appropriate school official.

If you are chosen you will be notified by mail.

Scholarships will be awarded at a ceremony in May.

**SUPPORT THE SCHOLARSHIP FUND BY SENDING IN A  
DONATION TODAY!**

# TOWN OF WEYMOUTH SCHOLARSHIP FUND

(GENERAL LAW CHAPTER 60, SECTION 3C)

ID#

TOTAL POINTS

## APPLICATION FOR SCHOLARSHIP

### TO THE APPLICANT:

By completing the information required in this application you will enable us to determine your eligibility to receive a Town of Weymouth Scholarship Award. This award program is designed to help students further their post secondary education. The evaluation criteria has been developed with the help of Scholarship America.

You must complete all sections of this application and forward it to the person you have selected to complete the Evaluation (Section IV). You are encouraged to select a school or college counselor or teacher. If this procedure is inappropriate to your circumstances, you may select an employer, member of the clergy, a job supervisor, or any other person who is in a position to evaluate you according to the criteria given. You also need to have a school official compute a grade point average (Section V).

If any questions on the application are not applicable to your circumstances, please attach an explanatory note referring to the questions by section. If more space is required for information on any items, you may attach additional information. Please indicate appropriate sections.

- 1. You are responsible for seeing that all supporting documents are submitted. The Scholarship Fund Committee reserves the right not to process applications found to be incomplete as of the application postmark deadline.**
- 2. Please make sure that your name does not appear anywhere on this document except the "Applicant Data" Page and the Financial Assistance Questionnaire.**

### Filing/Postmark Deadline

**Date: March 15th**

**Place: Weymouth Town**

**Hall 75 Middle Street**

**Weymouth, MA 02189**

**Attn: Town of Weymouth Scholarship Fund**



### ELIGIBILITY REQUIREMENTS

- Open to All legal residents of the Town of Weymouth.
- Must be presently attending, or have received acceptance to attend, an accredited educational institution beyond high school level prior to the time for payment of scholarship award.
- A personal interview may be required before financial aid is rewarded.
- Supporting documents must be submitted if required by Scholarship Committee.

ID#

AWARD AMOUNT

## TOWN OF WEYMOUTH SCHOLARSHIP FUND—applicant data

### Certification and Permission to use the information provided on the application to announce Scholarship Winners

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

I agree that if I am offered and accept an award from the Town of Weymouth Scholarship Fund Committee, the Committee may use my name, photograph or likeness, the name of my community, the name and address of my school, the amount of the award, and the name of the postsecondary institution I will attend in press releases, public announcements, and other fundraising or promotional materials in all media (including the Internet), to advance the non-profit objectives of the Town of Weymouth Scholarship Fund.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (if student is less than 18 years old) \_\_\_\_\_

### PLEASE PRINT OR TYPE

APPLICANT DATA				
Mr. <input type="checkbox"/>	_____			
Ms. <input type="checkbox"/>	Name	(Last)	(First)	(MI)
_____				
Address	(Street)	(City)	(State)	(Zip)
_____				
Date of Birth (M/D/Y)	( )	Telephone Number	Email Address	
_____				
Name of Parent/Guardian (if less than 18 years old) _____				
Permanent mailing address of parent/ Guardian if different from applicant _____				
_____				
(Street) (City) (State) (Zip)				
_____				
( )				
Telephone Number				

**THIS PAGE IS NOT INCLUDED WITH APPLICATION DURING THE SCORING PROCESS**

**I. THIS SECTION IS FOR OFFICE USE ONLY:**

ID# \_\_\_\_\_ Work Experience \_\_\_\_\_ Evaluation of Applicant \_\_\_\_\_  
Financial Aid Questionnaire \_\_\_\_\_ School and Community Involvement \_\_\_\_\_  
Aspirations and Goals \_\_\_\_\_ Unusual Circumstances \_\_\_\_\_ CGPA \_\_\_\_\_

**PLEASE PRINT OR TYPE**

**I. SCHOOL DATA**

High School Attended: \_\_\_\_\_ Graduation Date: Month \_\_\_\_ Year \_\_\_\_

Please list school being considered: Failure to list a school means the committee will be unable to compute financial need.

Name of Post Secondary school you hope to attend: \_\_\_\_\_  
4 Yr.College/University  Vo-Tech   
Community College  Other   
Accredited? Yes  No

Circle the year you will be entering: Undergraduate: 1 2 3 4 5 Graduate: 1 2

Student will live:  on campus  off campus  will commute

Enrolled:  less than half-time  half-time or more  full time

Anticipated date of graduation from post-secondary program: \_\_\_\_\_  
Month \_\_\_\_\_ year \_\_\_\_\_

Major field of study applicant plans to pursue: \_\_\_\_\_

Approximate costs of the following:

Tuition per year: \_\_\_\_\_

Books and supplies: \_\_\_\_\_

On campus costs (room, board, transportation) \_\_\_\_\_

Commuting student costs (board, transportation) \_\_\_\_\_

**NOTES**

Please report any unusual family or personal circumstances you feel warrant attention. This section may also be used to help the Committee determine your eligibility for a specific award; i.e., if you or a member of your immediate family are a first responder or a veteran; or if you are interested in a career in education or STEM; or if you or a member of your family are in the armed services etc. This section may also be used for additional notes or comments.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. PERSONAL DATA**

ID# \_\_\_\_\_

**SECTION A- WORK EXPERIENCE**

Describe your work experience during the PAST FOUR YEARS. Indicate dates of employment in each job, and approximate number of hours worked each week. List total amounts earned at each job.

EMPLOYER	POSITION	DATE FROM (MO/YR)	DATE TO (MO.YR)	HOURS PER WEEK	TOTAL AMOUNT EARNED PER WEEK

**SECTION B- SCHOOL, COMMUNITY INVOLVEMENT AND ACTIVITIES**

*For applicants presently in high school, college, graduate school:* List all school activities in which you have participated during the PAST FOUR YEARS (e.g. student government, music, sports. etc.). List all community activities in which you have participated WITHOUT PAY during the PAST FOUR YEARS (e.g. Red Cross, church work, volunteer work). Indicate all offices held, special awards and honors.

*For applicants who are entering or returning to school after a length of time:* List all activities in which you have participated WITHOUT PAY within the PAST 10 YEARS (e.g. Red Cross, music, sports, church work, volunteer work). Indicate all offices held, special awards and honor

ACTIVITY	NO. OF YEARS PARTICI-PATED	OFFICES HELD SPECIALAWARDS HONORS	ACTIVITY	NO. OF YEARS PARTICI-PATED	OFFICES HELD SPECIALAWARDS HONORS

**SECTION C- ASPIRATIONS AND GOALS**

What are your plans as they relate to your educational and career objectives and future goals?

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#### IV. EVALUATION OF APPLICANT

##### SECTION D - APPLICANT APPRAISAL

To be filled out by a high school or college counselor or advisor, a member of clergy, an instructor, a professional person or a supervisor. You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return to applicant.

The applicant's choice as a post-secondary education program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant's commitment to school and community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Appraiser's Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Appraiser's address \_\_\_\_\_ Street \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ zip code \_\_\_\_\_

#### V. TRANSCRIPT INFORMATION

Currently enrolled post-secondary students must include most recent college or vo-tech transcript of grades. If you have just entered (i.e., in January), please send us a copy of your courses and present grades. High school seniors and students who have completed less than one full semester of post secondary education must include a high school transcript of grades. In addition to submission of transcript of grades, the following section MUST be completed by the appropriate school official.

**Please have a school official compute a grade point average.**

##### SECTION E - CUMULATIVE GRADE POINT AVERAGE \_\_\_\_\_

I certify this data is from a current and official transcript

School Official's Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Telephone Number \_\_\_\_\_

School Official's address \_\_\_\_\_ Street \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ zip code \_\_\_\_\_

#### VI. APPLICATION CHECKLIST

This application for student aid becomes complete and valid only when you have returned the following materials.

- Completed Scholarship Application
- Completed Financial Assistance Questionnaire (FAQ)
- Current Transcript of grades

The Scholarship Committee reserves the right to verify the validity of any information on your application.

Falsification of information may result in termination of any scholarship granted.

Please *do not sign* this application except for APPLICANT DATA page.

Please refer to Filing Deadline and Eligibility Requirements as set forth on the front page of this application.



FILING/POSTMARK DEADLINE· MARCH 15TH

**TOWN OF WEYMOUTH SCHOLARSHIP FUND**  
(General Law Chapter 60, Section 3C)

**FINANCIAL ASSISTANCE QUESTIONNAIRE (FAQ)**

For office use only  
Applicant I.D. NO \_\_\_\_\_

AWARD AMOUNT \_\_\_\_\_

PLEASE PRINT OR TYPE

FILING/POSTMARK - MARCH 15<sup>TH</sup>

**A. APPLICANT** (All applicants must complete this section)

Mr. ( ) \_\_\_\_\_  
Ms. ( ) last name first name Middle initial

ADDRESS \_\_\_\_\_  
Number Street City/State Zip Code

Telephone ( ) \_\_\_\_\_ Date of birth: \_\_\_\_\_

**B. TO BE COMPLETED BY UNMARRIED APPLICANT DEPENDENT ON PARENTS**

Independent applicant skip Section B. and complete Section C.)

You must indicate whether the information is from:

- ( ) Last year's completed IRS Form 1040 (filing date of this is April 15th)  
( ) Last year's estimate based on current tax information (to be filed by this April 15th)

Father's name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's name \_\_\_\_\_ Occupation \_\_\_\_\_

Father's annual income before taxes \$ \_\_\_\_\_

Mother's annual income before taxes\$ \$ \_\_\_\_\_

- Total Gross Income (total of above) \$ \_\_\_\_\_
- Non-taxable income, Social Security benefits, child support, welfare, other \$ \_\_\_\_\_
- Medical/dental expenses not paid by insurance \$ \_\_\_\_\_
- Cash , savings, bonds, stocks, checking accounts,  
Certificates of deposits, notes, etc. of parents and applicants \$ \_\_\_\_\_
- Total U.S. Taxes paid by father /mother \$ \_\_\_\_\_
- Number of exemptions as stated on U.S. income tax return \_\_\_\_\_
- Total number of family members, including applicant who will be attending a post secondary school (beyond high school) at least 1/2 time next school year. \_\_\_\_\_

**C. TO BE COMPLETED BY MARRIED OR INDEPENDENT STUDENT APPLICANTS**

Marital status – single ( ) married ( ) widowed ( ) divorced ( ) separated ( )

Your Occupation \_\_\_\_\_

Spouse's name (if applicable) \_\_\_\_\_ Occupation \_\_\_\_\_

**You must indicate whether the Information is from:**

- ( ) Last year's completed IRS form 1040 (*filing date of this is April 15th*)
- ( ) Last year's estimate based on current tax information (*to be filed by this April 15th*)

Applicant's annual income before taxes \$ \_\_\_\_\_

Spouse's annual income before taxes \$ \_\_\_\_\_

- 1. **Gross Income (total of above)** \$ \_\_\_\_\_
- 2. Non-taxable income, Social Security benefits, child support, welfare, other \$ \_\_\_\_\_
- 3. Medical/dental expenses not paid by insurance \$ \_\_\_\_\_
- 4. Cash, savings, bonds, stocks, checking accounts,  
Certificates of deposits, notes, etc. of parents and applicants \$ \_\_\_\_\_
- 5. Total U.S. Taxes paid by applicant \$ \_\_\_\_\_
- 6. Total U.S. Taxes paid by spouse \$ \_\_\_\_\_
- 7. Number of exemptions as stated on U.S. income tax return \_\_\_\_\_
- 8. Total number of family members, including applicant who will be attending a post secondary school (beyond high school) at least ½ time next school year. \_\_\_\_\_

**D. CERTIFICATION AND SIGNATURES**

Certification: All of the information on this form is true and complete to the best of our (my) knowledge. If asked by an authorized official of the Town of Weymouth Scholarship Fund, we (I) agree to give proof of the information that we (I) have given on this form. We (I) realize that this proof may include a copy of our (my) U.S. and or Massachusetts income Tax Returns(s). We (I) also realize that if we (I) do not give proof when asked; the student may be disqualified from receiving a scholarship award.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Father's signature (if applicable)

\_\_\_\_\_  
Mother's signature (if applicable)

\_\_\_\_\_  
Date completed Mo./Day/Year

**NOTES** (for official use only) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_