

ADELAIDE BREED BAYRD FOUNDATION  
350 Main Street, Malden, MA 02148  
Tele (781) 324-1231

**SCHOLARSHIP PROGRAM GUIDELINES**

**NEW SCHOLARSHIP APPLICATION RESTRICTIONS**

The Adelaide Breed Bayrd Foundation offers a scholarship program which is open to any high school graduate who resides in the City of Malden at the time of graduation. This vital guideline includes graduates of Malden High School, Malden Catholic High School, and private high school graduates.

**RENEWAL APPLICATION RESTRICTIONS**

To be eligible to renew your scholarship, a freshman in college must maintain a cumulative GPA of 2.5, sophomores and juniors must have a cumulative GPA of 2.75, based on a four point system. The scholarship is available to students in the first four years of college.

**GENERAL SCHOLARSHIP REQUIREMENTS**

All applications must be submitted by the applicant's high school scholarship committee and must include the following:

- 1. Completed Application.**
- 2. Official Transcript.**
- 3. A short, concise essay written by the applicant addressing his or her academic, career, and life goals.**
- 4. College Account Statement or Billing Statement and Financial Aid Award Letter from the college or university, to include the following:**
  - a. Tuition, Room and Board, Student Fees.**
  - b. Loans, Grants, Scholarships and Work Study Programs.**
  - c. Balance Due.**

The scholarship amount may be as much as \$3,000.00, and may be renewed. The amount may vary from year to year depending on how many applicants re-apply and what funds are currently available. Any child or grandchild of a member of the scholarship selection committee of the nominating educational institution or of the Trustees of The Adelaide Breed Bayrd Foundation is ineligible.

**WINNING CRITERIA**

The criteria on which the scholarships are awarded will be essentially the same criteria used to determine National Honor Society members. This includes the applicant's intelligence, leadership, and ability to work with others. In addition, financial need will be considered but exceptional candidates will be considered regardless of their financial situation.

**All applications must be completed in full and in the hands of the Adelaide Breed Bayrd Foundation, 350 Main St., Malden, MA 02148 by October 15th. No application will be considered unless accompanied by a Transcript of the previous semester grades, an Account Statement and Financial Aid Award Letter. Awards will be determined and students will be notified in December.**

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SCHOLARSHIP APPLICATION

This scholarship application must be completed in full. Otherwise, it will not be taken into consideration. If any question is not applicable, please so indicate. Print or type all information. PLEASE NOTE!! No application will be accepted unless accompanied by an official transcript of your last semester grades. Transcripts downloaded from the internet are not acceptable. When completed, return the application to the office of the High School where you obtained it or to the Foundation Office. Deadline is October 15th.

1. Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Student ID: \_\_\_\_\_  
High School Attended: \_\_\_\_\_ Year of High School Graduation: \_\_\_\_\_  
Name of College or University you will be attending or are now attending: \_\_\_\_\_

Major: \_\_\_\_\_ Years to complete: \_\_\_\_\_  
Tuition per year: \_\_\_\_\_ Room and Board: \_\_\_\_\_  
Other costs (Please specify): \_\_\_\_\_

2. Father's Name: \_\_\_\_\_  
Address (if different from above): \_\_\_\_\_  
Father's Employer and Occupation: \_\_\_\_\_

3. Mother's Name: \_\_\_\_\_  
Address (if different from above): \_\_\_\_\_  
Mother's Employer and Occupation: \_\_\_\_\_

4. Guardian (if any) or person other than your parents from whom you derive support.  
Name: \_\_\_\_\_  
Address (if different from above): \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Guardian's Employer: \_\_\_\_\_

5. List all persons dependent on your parent(s) or guardian for their main support:
- | <u>Name</u> | <u>Age</u> | <u>Relationship</u> |
|-------------|------------|---------------------|
| _____       | _____      | _____               |
| _____       | _____      | _____               |
| _____       | _____      | _____               |

6. List names of siblings who are currently attending college or plan to do so in the near future:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

7. Income for the twelve months preceding the date of this application:

	<u>Father</u>	<u>Mother</u>	<u>Self</u>
Salary:	_____	_____	_____
Other Income:	_____	_____	_____
Total:	_____	_____	_____

8. Projected income for the next twelve months:

	<u>Father</u>	<u>Mother</u>	<u>Self</u>
Salary:	_____	_____	_____
Other Income:	_____	_____	_____
Total:	_____	_____	_____

9. Have you earned any part of your college expenses? Explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Have you been awarded any other scholarships?

YES  NO If yes, please list amount(s) and source:

\_\_\_\_\_

\_\_\_\_\_

11. Have you secured any loans or other source of funds to be used for college expenses?

YES  NO If yes, please list amount(s) and source:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. State any additional facts which have a bearing on this application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Financial Office of the College or University, address, and telephone number:

\_\_\_\_\_

\_\_\_\_\_

**I have included with this application a Transcript, Essay, College Billing Statement, and Financial Aid Award Letter.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant