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, juniors, and seniors 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 scholarship applications for college freshman may be submitted by the applicant’s high school scholarship committee, principal or headmaster, or guidance counselor. College sophomores, juniors and seniors may be submitted directly to the Foundation.

All applications 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.
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:
   Name____________________________ Age________ Relationship________
   ____________________________________________
   ____________________________________________
   ____________________________________________

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:

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<th></th>
<th>Father</th>
<th>Mother</th>
<th>Self</th>
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<td>Salary</td>
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<td>Other Income</td>
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<td>Total</td>
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8. Projected income for the next twelve months:

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<th>Father</th>
<th>Mother</th>
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<td>Total</td>
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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 a Transcript, Essay, College Billing Statement, and Financial Aid Award Letter with this application.

Date: _____________________________                                Signature of Applicant