

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, 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.

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

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

Date: _____

Signature of Applicant