

ARLINGTON CITIZENS' SCHOLARSHIP FOUNDATION
DOLLARS FOR SCHOLARS PROGRAM
in affiliation with
SCHOLARSHIP AMERICA
and
NEW ENGLAND DOLLARS FOR SCHOLARS

(Chapter 405 of the Acts of 1983, as amended by Chapter 206 of the Acts of 1985, Chapter 256 of the Acts of 1993, and Chapter 131 of the Acts of 1996)

APPLICATION FOR SCHOLARSHIP

TO THE APPLICANT:

In order to determine your eligibility to receive aid in accordance with the evaluation criteria established under the Dollars For Scholars Program, you will be required to participate in a scholarship process by completing and submitting the required information and satisfying the eligibility and filing requirements as set forth below.

Please attempt to tailor your response to the space provided in each section of the application. Your ability to craft concise replies to the information requested is encouraged. If, however, more space is deemed to be absolutely necessary, you may attach an addendum to your application. Indicate the appropriate section related to any added response.

Complete the **SECTION A - APPLICANT** portions of both the Appraisal (Part VII.) and Transcript Information (Part VIII.) forms prior to their submission to the appropriate persons.

It is suggested that you review both the Eligibility and Application Requirements Checklists (back page) before filing this application. Failure to insure that all supporting documents have been submitted, and/or failure to satisfy the stated eligibility requirements will result in a review by the Scholarship Committee of your standing to receive funds under this program.

ELIGIBILITY REQUIREMENTS

- Must be a legal resident of the Town of Arlington, and be able to establish residency if required to do so.
- Must be presently attending, or have received acceptance to attend, an accredited educational institution beyond high school level **PRIOR TO** the time of payment of the scholarship award.
- A face-to-face interview with a member of the Scholarship Committee is required before financial aid is awarded.
- Attendance at an Annual Scholarship Awards Ceremony is mandatory to the completion of the scholarship process.

FILING REQUIREMENTS

Deadline: March 1st (or the first school day thereafter if March 1st falls on a Saturday, Sunday or non-school day).

Place: Town of Arlington
Town Treasurer's Department
Town Hall (First Floor)
730 Massachusetts Avenue
Post Office Box 210
Arlington, MA 02476-0002
ATTN: DOLLARS FOR SCHOLARS PROGRAM

Telephone: If questions, call (781) 316-3030



To learn more about Arlington's Dollars For Scholars Program, go to www.arlingtontreasurer.com, select "scholarship program" click on "information" and scroll down to "how to apply".

For office use only

PLEASE PRINT OR TYPE

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[Empty box for I.D. #]

I.D. #

[Empty box for Award Amount]

AWARD AMOUNT

PART I. APPLICANT DATA

Gender: Female Male

Name: _____
Last First Middle Initial

Nickname (if commonly used): _____

Permanent Address: _____
Street Town/City State Zip Code

E-Mail Address: _____

Telephone Number:(____) _____ Cell/Pager No.(____) _____

Date of Birth: _____ Social Security Number _____
Mo Day Yr

Name of parent/guardian: _____
Permanent mailing address of
parent/guardian
if different from applicant _____
Street Town/City State Zip Code

PART II. SCHOOL DATA

High School Attended: _____ Graduation Date: Mo _____ Yr _____

Address: _____
Street Town/City State Zip Code

Name of High School Principal _____

Name of post-secondary school which applicant is attending or has been accepted
to attend (if known): _____

Address: _____
Street Town/City State Zip Code

Category of school applicant is attending or plans to attend:

- 4 yr College/University
- Community College
- Vo-Tech
- Other _____
State

Accredited? Yes No

Circle year in post-secondary program during coming year:
Undergraduate: 1 2 3 4 5 Graduate: 1 2 3 4 5

Student will: live on campus live off campus commute

Student enrolled or to be enrolled: full-time half-time or more less than half time

Anticipated date of graduation from post-secondary program: Mo _____ Yr _____

Major field of study applicant is pursuing or plans to pursue (if known) _____

PART III. PERSONAL DATA

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.

Position	Date From (mo / yr)	Date To (mo / yr)	Hours Per Week	Amount Earned

SECTION B - SCHOOL AND COMMUNITY INVOLVEMENT

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.

Activity	No. of Years Partic.	Special Awards, Honors Offices Held	Activity	No. of Years Partic.	Special Awards, Honors Offices Held

SECTION C - ASPIRATION AND GOALS

In the space provided, make a statement of your plans as they relate to your educational and career objectives and future goals.

SECTION D - UNUSUAL CIRCUMSTANCES

In the space provided, please report any unusual family or personal circumstances you feel warrant attention.

PART IV. OTHER AWARDS

Please list below the name and amount of any grants or scholarships you have been awarded, or anticipate being awarded, for the coming school year.

Name of Award	Granted	Pending
Total amount (add each column)		

PART V. APPLICANT CERTIFICATION AND SIGNATURE

I understand and agree that this application for student aid becomes complete and valid **ONLY** when all the items set forth below in the Eligibility and Application Requirements Checklists have been checked and/or verified by the Scholarship Committee.

Furthermore, I certify that the information provided is complete and accurate to the best of my knowledge and belief. I understand that falsification of information will result in a review by the Scholarship Committee of my ability to receive, or be eligible in the future to receive, funds under this program.

Applicant's Signature _____ Date _____

Please do not write below this line

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ELIGIBILITY REQUIREMENTS CHECKLIST

- Legal resident of the Town of Arlington
- Accepted/attending an accredited educational institution beyond high school
- Face-to-face interview conducted
- Attendance at awards ceremony

APPLICATION REQUIREMENTS CHECKLIST

- Completed Scholarship Application
- Completed Financial Assistance Questionnaire (FAQ)
- Receipt of completed Applicant Appraisal Form
- Receipt Of Current Transcript Information
- All Required Signatures
- All of the above items submitted and accepted as complete by the application deadline
- Verified as eligible to receive Scholarship Award

APPLICANT APPRAISAL FORM

FILING REQUIREMENTS

Deadline: March 1st (or the first school day thereafter if March 1st falls on a Saturday, Sunday or non-school day).

Place: Town of Arlington
Town Treasurer's Department
Town Hall (First Floor)
730 Massachusetts Avenue
Post Office Box 210
Arlington, MA 02476-0002

ATTN: DOLLARS FOR SCHOLARS PROGRAM

Telephone: If questions, call (781) 316-3030

Web Site Address: www.arlingtontreasurer.com
Keywords: scholarship program; information



**ARLINGTON CITIZENS' SCHOLARSHIP FOUNDATION
DOLLARS FOR SCHOLARS PROGRAM**

PART VIII. TRANSCRIPT INFORMATION FORM

TO THE APPLICANT:

Complete **SECTION A**, including your authorization signature, **PRIOR TO** forwarding this form to the appropriate office or school official empowered to issue grade transcripts. High school seniors **MUST** provide a high school transcript of grades. College students who have completed one semester or less of post-secondary education **MUST** provide a high school transcript **in addition to** their college transcript. Graduate school students who have completed one semester or less of their graduate studies **MUST** provide their college transcript **in addition to** their graduate school transcript. If transcripts are required from more than one institution, make **front** and **back** copies of this form.

SECTION A - APPLICANT

Mr. _____
Ms. _____
Last Name First Name Middle Initial

Permanent Address: _____
Street Town/City State Zip Code

Graduation Date: _____
Month Year

To School Official:

This is to authorize you to forward my official grade transcript to the Dollars For Scholars Program by the filing deadline.

Applicant's Signature _____ Date _____

SECTION B - SCHOOL OFFICIAL

You have been authorized to provide a transcript of grades as part of the above-named student's application for financial aid. The information requested in **SECTIONS C AND D** is to be completed **ONLY** if the grade transcript does **NOT** contain the information requested in those sections.

*see reverse side for Filing Requirements

SECTION C - RANK IN CLASS

Applicant ranks _____ in a class of _____ Cumulative Grade Point Average _____

SECTION D - TEST SCORES

PSAT Verbal _____ Math _____ SAT Verbal _____ Math _____

ACT Standard English _____ Math _____

I certify that the above data and/or any transcripts being submitted herewith are from the student's official school record.

School Official's Signature _____ Date _____

School Address _____
Street Town/City Zip Code

Telephone Number (____) _____ Email Address _____

TRANSCRIPT INFORMATION FORM

FILING REQUIREMENTS

Deadline: March 1st (or the first school day thereafter if March 1st falls on a Saturday, Sunday or non-school day).

Place: Town of Arlington
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PART VI. FINANCIAL ASSISTANCE QUESTIONNAIRE (FAQ)

TO THE APPLICANT:

Complete **SECTION A** and then have your parent(s) fill in the information requested in the remaining sections of this form. If you are legally classified as an independent student, you **MUST** complete the entire questionnaire. Your signature is required under the **SECTION D** certification portion of the form prior to its submission with your scholarship application **ON OR BEFORE THE MARCH 1ST FILING DEADLINE**.

SECTION A - APPLICANT

Mr. _____
Ms. _____
Last Name First Name Middle Initial

Permanent Address: _____
Street Town/City State Zip Code

Applicant Status: High School Senior College Student Graduate Student Other _____
State Status

TO THE PARENT(S)/INDEPENDENT STUDENT:

The Scholarship Committee is required to consider financial need in accordance with the home rule legislation which established the Dollars For Scholars Program. All information supplied is for the exclusive use of the Scholarship Committee and will be held in the strictest confidence.

* See reverse side for instructions

SECTION B - LAST YEAR'S INCOME, EXPENSE AND ASSET DATA - JANUARY 1 THROUGH DECEMBER 31

Indicate whether the following information is from:

- Last year's completed IRS Form 1040, filing date of this April 15th.
- Last year's estimated based on current tax information to be filed this April 15th.

The financial information below is being furnished by: Applicant's Parent(s) Legally classified independent student

- 1. Adjusted gross income\$ _____
- 2. Total U.S. income tax paid\$ _____
- 3. Income earned from work by Wage Earner 1:.....\$ _____
Wage Earner 2:.....\$ _____
- 4. Untaxed income and benefits: Social Security, AFDC, ADC, other\$ _____
- 5. Medical/Dental expenses not paid by insurance\$ _____
- 6. Cash, savings, checking account, bonds, cash value of stock, certificates of deposits notes, etc.....\$ _____
- 7. Total number of exemptions\$ _____

SECTION C - ADDITIONAL INFORMATION

Parents' or independent student's current marital status is:

- Single Married Separated Divorced Widowed

Total number of family members who will be attending a post-secondary school at least one-half time during the next school year, including applicant....._____

SECTION D - CERTIFICATION AND SIGNATURES

I (We) certify that all the information on this form is true and complete to the best of my (our) knowledge and belief. If asked by an authorized official of the Dollars For Scholars Program, I (We) agree to give proof of the information that I (We) have given on this form. I (We) realize that this proof may include a copy of this year's federal and/or state income tax return. I (We) also realize that if I (we) do not give proof when asked, the student may not get aid.

Date Completed _____
Month Day Year

Applicant's Signature

Father's Signature Mother's Signature
(Not required for independent student)

INSTRUCTIONS FOR COMPLETING THE FINANCIAL ASSISTANCE QUESTIONNAIRE

- A. **STUDENT:** The scholarship applicant should complete Section A of the FAQ; remainder of the questionnaire should be completed by the parent of the applicant. An exception is if the applicant is legally classified as an independent student. The independent student should complete the entire questionnaire.
- B. **INCOME:** Information on this form should be from your completed tax return or based on estimated information to be filed by this April 15th. Be sure to check the appropriate box.
1. **ADJUSTED GROSS INCOME:** This figure can be found on line 35 of your IRS Form 1040 and is gross income reduced by specific deductions allowed by law.
 2. **U.S. INCOME TAX PAID:** includes the total amount of **federal** income tax to be paid. This is not the amount withheld on your paycheck by your employer. (The amount withheld should be adjusted by refund or additional taxes due.) Do not report state income tax.
 3. **INCOME EARNED:** should be reported for both parents. If the student resides with only one parent, financial information from both natural parents should be included if possible. If a parent has remarried, the spouse's information is required if the spouse is a legal guardian of the student or claims the student as a dependent. If necessary, two FAQ forms may be submitted by the student.
 4. **UNTAXED INCOME:** and benefits include any other income or benefits not included in the adjusted gross income figure.
 5. **MEDICAL AND DENTAL EXPENSES:** Include only those expenses **not paid by insurance**.
 6. **CASH, SAVINGS, ETC.:** Included in this figure are liquid assets which can be used for educational expenses. **Not** included are IRA's or other retirement funds.
 7. **EXEMPTIONS:** Include the number of exemptions as claimed on your income tax form.
- C. **ADDITIONAL INFORMATION:** Be sure to check the appropriate box giving the current marital status of the persons for whom financial information is being submitted.
- Include the total number of **all** family members attending post-secondary school at least half-time (Post-secondary school includes any two or four-year college or vocational school.) **Be sure to include the applicant in this number.**
- D. **CERTIFICATION AND SIGNATURES:** This form should be signed by both the student and the parent completing the FAQ. Parents' signatures are not required for an independent student. **Please read certification.**

Dear Scholarship Applicant:

This is to acknowledge your interest in participating in the Dollars For Scholars Program sponsored by Arlington Citizens' Scholarship Foundation (ACSF). In the event you are unfamiliar with this particular scholarship award program, a brief history might be appropriate.

In 1983, the State Legislature passed home-rule legislation sponsored by the Town of Arlington to establish a first-in-the-nation town-wide scholarship fund, the principal of which comprises the voluntary contribution of taxpayers by means of a tax check-off procedure on local tax bills. The income earned from this pool of taxpayer contributions is used to provide annual scholarship aid for qualified Arlington residents.

In 1986, state-wide legislation authorizing all local governments to adopt the tax check-off concept became law. To date, a number of Massachusetts cities and towns have established similar scholarship programs.

Please read carefully the eligibility requirements before applying to receive funds under this program. Failure to satisfy **ALL** the stated eligibility requirements will result in a review by the scholarship committee of your standing to receive funds under this program.

Once the scholarship application has been filed, it is your responsibility to insure that all supporting documents have been submitted. Applications which are either incomplete or improperly completed **WILL NOT BE CONSIDERED** for scholarship aid by the committee.

Best of luck in this effort and all future endeavors.

Sincerely,

Stephen J. Gilligan
Chairman

SJG:pko

DO'S AND DON'T'S FOR COMPLETING DOLLARS FOR SCHOLARS APPLICATION

DO'S

1. **DO** READ AND MAKE SURE YOU WILL BE ABLE TO COMPLY WITH ALL THE STATED ELIGIBILITY REQUIREMENTS BEFORE COMPLETING THE SCHOLARSHIP APPLICATION.
2. **DO** INCLUDE THE STARTING AND ENDING MONTH AND YEAR OF EMPLOYMENT, AS WELL AS THE NUMBER OF HOURS WORKED WHEN COMPLETING PART III, SECTION A - WORK EXPERIENCE.
3. **DO** COMPLETE SECTION A OF THE FINANCIAL ASSISTANCE QUESTIONNAIRE (PART VI), AND SUBMIT THE COMPLETED FAQ WITH YOUR SCHOLARSHIP APPLICATION BY THE MARCH 1ST FILING DEADLINE.
4. **DO** COMPLETE SECTION A OF THE APPLICANT APPRAISAL FORM (PART VII) BEFORE FORWARDING TO THE PERSON CHOSEN TO COMPLETE THE APPRAISAL.
5. **DO** COMPLETE SECTION A OF THE TRANSCRIPT INFORMATION FORM (PART VIII) BEFORE FORWARDING TO THE APPROPRIATE OFFICE OR SCHOOL OFFICIAL EMPOWERED TO COMPLETE THE FORM AND ISSUE GRADE TRANSCRIPTS.

DON'T'S

1. **DON'T** INCLUDE MORE THAN THE PAST FOUR YEARS OF WORK AND SCHOOL/COMMUNITY INVOLVEMENT UNDER PART III, SECTIONS A AND B, AS ONLY THE MOST RECENT FOUR YEARS WILL BE CONSIDERED BY THE SCHOLARSHIP COMMITTEE.
2. **DON'T** FORGET THAT YOUR RESPONSE TO THE STATEMENTS REQUESTED IN PART III, SECTIONS C AND D (IF APPLICABLE) SHOULD BE SUFFICIENTLY THOUGHT OUT SO AS TO FIT WITHIN THE SPACE PROVIDED.
3. **DON'T** FORGET TO PERSONALLY SIGN THE SCHOLARSHIP APPLICATION AND THE FINANCIAL ASSISTANCE QUESTIONNAIRE (PART VI), AND OBTAIN THE REQUIRED SIGNATURES WHERE INDICATED.
4. **DON'T** FORGET TO INCLUDE THE COMPLETED FINANCIAL ASSISTANCE QUESTIONNAIRE (PART VI) WHEN SUBMITTING THE SCHOLARSHIP APPLICATION BY THE MARCH 1ST FILING DEADLINE.
5. **DON'T** FORGET THE IT IS YOUR RESPONSIBILITY TO INSURE THAT THE APPLICANT APPRAISAL FORM (PART VII) AND THE TRANSCRIPT INFORMATION FORM (PART VIII), INCLUDING THE TRANSCRIPT OF GRADES ARE RETURNED TO THE TOWN OF ARLINGTON TREASURER'S DEPARTMENT IN ACCORDANCE WITH THE FILING REQUIREMENTS SET FORTH ON THE REVERSE SIDE OF BOTH FORMS.
6. **DON'T** FORGET THAT APPLICATIONS WHICH ARE EITHER INCOMPLETE OR IMPROPERLY COMPLETED WILL NOT BE CONSIDERED FOR SCHOLARSHIP AID BY THE COMMITTEE.

TO: Scholarship Applicant
FROM: Stephen J. Gilligan, Chairman
Dollars For Scholars Committee

Please review the checklists below in order to affirm your eligibility to receive funds under this program.

ELIGIBILITY REQUIREMENTS CHECKLIST

- I am a legal resident of the Town of Arlington.
- At the time of my face-to-face interview I understand that I shall be required to attest that I have been accepted to (or am presently attending) an accredited educational institution beyond high school.
- I shall be available for a face-to-face interview sometime in May/June of the scholarship award year.
- I shall be available to attend a scholarship awards ceremony on **Thursday, June 21, 2012 at 8:00P.M.**

APPLICATION REQUIREMENTS CHECKLIST

- Completed and filed the Scholarship Application and Financial Assistance Questionnaire (FAQ), including all required signatures.
- Completed Section A **PRIOR TO** forwarding the Applicant Appraisal Form and return envelope to the person chosen to complete the forms.
- Completed Section A **PRIOR TO** forwarding the Transcript Information Form and return envelope to the appropriate office or school official empowered to issue grade transcripts.
- Verified that **ALL** of the above forms have been filed **PRIOR TO** the March 1st deadline.