

**Community Foundation of Greater New Britain, College Scholarship Application  
Virginia and William Bray Scholarship** **Page 1 of 4**

(If you need extra space in any section of this application, use additional sheets of paper, making sure you put your name, address and "Bray Scholarship" on each page.)

**Application must be received by March 31**

**APPLICANT DATA**

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Permanent Home Mailing Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

**PARENT OR GUARDIAN INFORMATION (if applicant is under 21 years of age)**

Father, stepfather, or male guardian:

Name \_\_\_\_\_

Address, if different \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_

Mother, stepmother, or female guardian:

Name \_\_\_\_\_

Address, if different \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_

**HIGH SCHOOL INFORMATION**

School Name \_\_\_\_\_ Graduation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Month Day Year

City \_\_\_\_\_ State \_\_\_\_\_

**ADDITIONAL INFORMATION**

What is your intended program of study or career pursuit?

\_\_\_\_\_

**COLLEGE INFORMATION**

Name of the college/university, or other institution you plan to attend.

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Have you been accepted: Yes \_\_\_\_\_ Still awaiting acceptance: \_\_\_\_\_

**All information contained in this application is Confidential.**



**FINANCIAL DATA**

Figures should be taken from your most recent U.S. Income Tax Return. **To be considered for an award, this section must be filled out completely.**

- \_\_\_\_ I am an independent student. The data below represents my finances.  
 \_\_\_\_ I am a dependent student. The data below represents my parents' finances.

Town and State of Residence \_\_\_\_\_

Adjusted Gross Income (Form 1040) \$ \_\_\_\_\_

Total Federal Income Tax (Form 1040) \$ \_\_\_\_\_

Total Income of Father [or student if independent] (from W-2) \$ \_\_\_\_\_

Total Income of Mother [or student if independent] (from W-2) \$ \_\_\_\_\_

Yearly Untaxed Income and Benefits (Social Security, AFDC, Child Support, Other) \$ \_\_\_\_\_

Medical and Dental Expenses Not Paid by Insurance (not premiums) \$ \_\_\_\_\_

Total Cash, Checking, Savings, and Cash Value of Stocks  
 (do not include retirement plan funds) \$ \_\_\_\_\_

Total number of family members living in the household and primarily supported by the above income # \_\_\_\_\_

Total number of family members attending college at least half-time during the next school year, including the applicant # \_\_\_\_\_

Parents' [or student's] current marital status:  Married  Single  Separated  Widowed

**FINANCIAL AID AWARDS / SCHOLARSHIPS**

List any confirmed financial aid awards and/or scholarships, including the source of the funds and amount.

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**ATTACHMENTS**

The student is responsible for submitting all materials on time. This application for a scholarship becomes complete and valid only when the Community Foundation has received all of the following materials:

1. Your completed application.
2. A brief essay (one or two pages) typed or printed/written legibly, describing your future aspirations, including your career goals, and how going to college or pursuing other professional education will help you achieve them.
3. Transcripts of college courses already completed; OR high school transcript and SAT or ACT scores, if you are a senior in high school.
4. A letter of recommendation from The Jerome Home (from Human Resources or from the office of the Executive Director).

**It is your responsibility to make sure that your application package is complete. Incomplete application packages will not be considered for this award.**

**Completed application and required attachments must be received at the following address no later than March 31.**

Community Foundation of Greater New Britain  
Virginia and William Bray Scholarship  
74A Vine Street  
New Britain, CT 06052

You may direct any questions to the Foundation's Scholarship Manager at 860-229-6018 ex. 300.

I certify that I meet the basic eligibility requirements of the program as described, and that the information provided is complete and accurate to the best of my knowledge.

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

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if applicant is under age 18)