### Community Foundation of Greater New Britain, College Scholarship Application Elizabeth I. and Louis J. Matt 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 "Matt Scholarship" on each page.)

#### Application must be received by March 31

#### **ELIGIBILITY REQUIREMENTS**

- 1. Candidates must be graduating seniors or previous graduates of public high schools in New Britain, Newington or Wethersfield.
- 2. Candidates planning to pursue a medical vocation, broadly defined, or post high school degree or certificate in a medical field, which may include but is not limited to occupational therapy, physical therapy, nursing, emergency medical technician, etc. Program of instruction may be pursued as a degree or certification.
- 3. Good character.
- 4. Financial need.
- 5. Evidence of volunteerism in the school or community.

#### APPLICANT DATA

Last Name	First	M.I
Permanent Mailing Address		Apt. #
City	State	Zip
Birth DatePhone ( )	Email	
PARENT OR GUARDIAN INFORMAT 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 (New	Britain, Newington	and Wethersfield only)
School Name	Graduation Date	
City	State	Month Day Year

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#### **ADDITIONAL INFORMATION**

What is your intended program of study or ca	reer pursuit?	
SCHOOL INFORMATION  Name of the college/university, or other instit	ution you plan to attend.	
	City & State	
Indicate if you have been accepted. (Yes)	(Waiting for acceptance)	

#### ATTACH YOUR RESUME TO THIS APPLICATION, AND BE SURE TO INCLUDE:

- Academic achievements (awards; AP courses, etc.)
- Extracurricular activities, including athletics, music, clubs, etc. (Be sure to indicate offices held, or leadership roles you performed)
- Work experience
- Community service, including hours spent on each activity
- Other Honors and Awards
- Interests and Activities
- Career plans after completion of your intended program of study.

#### **ESSAY REQUIREMENT**

Your essay should be no more than two pages, typed and double-spaced)

Explain why you have chosen the health care profession and how you believe you can make a difference in health care.

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FINANCIAL DATA Figures should be taken from your most recent U.S. Income Tax Return. To be an award, this section must be filled out completely.	e considered for
I am an independent student. The data below represents my finances.	
I am a dependent student. The data below represents my parents' financ	es.
Town and State of Residence	
Adjusted Gross Income (Form 1040)	\$
Total Federal Income Tax (Form 1040)	\$
Total Income of Father [or student if <u>independent</u> ] (from W-2)	\$
Total Income of Mother [or student if <u>independent</u> ] (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
UNUSUAL CIRCUMSTANCES Please describe any unusual family or personal circumstances you would like committee to take into consideration when reviewing your application.	the scholarship

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#### **PROCEDURAL INFORMATION:**

Candidates will be recommended by the Guidance Offices at the public high schools. The number of applications accepted by the Community Foundation will be limited to a predetermined number from each high school. Final selection will be made by the Community Foundation Scholarship Committee. (Incomplete application packages will be disqualified.)

#### **ATTACHMENTS**

<u>If you are a high school senior</u>, deliver all of the following materials to the <u>Guidance</u> Office of your high school no later than March 31:

- 1. Your completed Matt Application.
- 2. Essay described on page 2 of this application
- 3. High School seniors will attach a copy of high school transcripts including grading scale, class ranking, and SAT or ACT scores;

  Post-high school candidates will attach transcripts of post-high school courses already completed or high school transcripts if you have not already started post-high school field of study.
- 4. Resume as described on page 2 of this application
- 5. <u>Student Aid Report (SAR)</u> Your SAR summarizes the data from your FAFSA and indicates your official **Expected Family Contribution (EFC)**. (*DO NOT send your complete FAFSA application to us.*)
- 6. Two letters of recommendation from people (not related to you) who know you well. Emphasis should be on character and service to your school and/or the community.

\*If you are post-high school, completed applications and supporting attachments should be mailed to the following address, to arrive no later than March 31. Incomplete application packages will be disqualified. You may direct any questions to the Foundation's Scholarship Administrator, at 860-229-6018.

Community Foundation of Greater New Britain Elizabeth I. and Louis J. Matt Scholarship 74A Vine Street New Britain, CT 06052

**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

(A parent or guardian signature is required if applicant is under age 18. Unsigned applications will not be considered complete.)

All information contained in this application is Confidential.