

**ASHFIELD CITIZENS SCHOLARSHIP AND COMMUNITY FUND  
FALL FESTIVAL SCHOLARSHIP APPLICATION**

A SCHOLARSHIP FOR CONTINUING EDUCATION  
BEYOND HIGH SCHOOL FOR ASHFIELD RESIDENTS\*

**APPLICATIONS MUST BE COMPLETED TO BE CONSIDERED**

AWARDS ARE GRANTED BASED ON FINANCIAL NEED

Applicant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Residential Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

Schools, Colleges, Institutions or Programs of Learning applied to \_\_\_\_\_ Major \_\_\_\_\_  
Please note acceptance status and your preferred choice:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enclose one complete, **signed and dated** (after 8/1/20) letter of recommendation from non-family.

FINANCIAL STATEMENT FOR SCHOOL YEAR (2020-2021)

You must complete either Section A **OR** B

A. If you have filed a FAFSA, please enter your EFC \$ \_\_\_\_\_

**OR**

B. Applicant's 2020 adjusted gross income: \$ \_\_\_\_\_ (if not a dependant)  
(from Form 1040 or Form 1040A)

If you are a dependant:

Mother/Guardian's name: \_\_\_\_\_

Father/Guardian's name: \_\_\_\_\_

Family's 2020 adjusted gross income: \$ \_\_\_\_\_  
(from Form 1040 or 1040A)

EXPECTED EXPENSES

FUNDS AVAILABLE

Annual Tuition: \$ \_\_\_\_\_

Applicant contribution: \$ \_\_\_\_\_

Family contribution (incl. EFC): \$ \_\_\_\_\_

Activity fees: \$ \_\_\_\_\_

Secured scholarships/loans: \$ \_\_\_\_\_

Room & Board: \$ \_\_\_\_\_

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

Other expense: \$ \_\_\_\_\_

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

(specify) \$ \_\_\_\_\_

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

(specify) \$ \_\_\_\_\_

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

**Total Cost** \$ \_\_\_\_\_

**Funds Available Total:** \$ \_\_\_\_\_

Please list any family member who has an effect on your financial need: \_\_\_\_\_

Current employment/Occupation: \_\_\_\_\_

Children's name(s): \_\_\_\_\_

Names, ages, school, and work status of brothers and sisters or dependants: \_\_\_\_\_

Please tell the committee why you should be considered for this scholarship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant's signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Postmark by April 5th, mail to:**

Ashfield Citizens Scholarship & Community Fund, Inc.  
P.O. Box 120  
Ashfield, MA 01330

\* A resident is defined as any citizen physically residing in the Town of Ashfield for at least one year prior to the date of application or any dependant student, under the age of 25, of an Ashfield resident.