

Weston High School Town Scholarships

2023 Application for Financial Need-Based Scholarship Aid

DUE (by email): Monday, May 1, 2023

(Please note that Guidance is unavailable to answer questions on Saturday or Sunday)

TO THE APPLICANT:

This is the official Weston Town Scholarships Financial **NEED-BASED** Application. When you submit this application and it is complete, you will be considered for need-based scholarship awards by a number of town organizations, including the Boosters, Women's Community League, Weston METCO Scholarship Fund, Rotary, Horace Sears, Retik-Mello Scholarship, and Weston Veterans.

*It is extremely important that you read through and respond to all the information requested in this application, **including financial and FAFSA information.** (No application will be processed without this information.) Please complete this application as you would a college application.* It is strongly advised that you put thought and care into this application. Incomplete or unanswered questions will adversely affect your application. The Committee will treat all information as confidential.

Please save this file to your computer and complete the form **in the PDF file**. This completed form **must be submitted ELECTRONICALLY by MAY 1, 2023** to Christina Kalil, Guidance Administrative Assistant, kalilc@weston.org. She will review the submission with you (in a meeting set in advance by appointment) and will request the School Report Form from your school counselor.

Date Submitted: _____

Name _____ TEL: _____
(Last) (First) (Best number to reach you)

Address: _____
(Street) (Town) (Zip) (Student's Email Address)

1. Have you completed the FAFSA (Free Application for Federal Student Aid)? Yes ____ No ____

Your application is considered incomplete without information from the FAFSA.

Download the Student Aid Report (SAR) from your FAFSA account, which includes the EFC (Expected Family Contribution). Send the PDF of the SAR, with this application, to Enid DeCastro.

2. List the name and location of the college or university in which you have decided to enroll:

College/University: _____

Location: _____

IMPORTANT: Notify your School Counselor immediately if you decide at a later date to enroll in a college or university different from the one listed above. Ask your counselor to please notify the Town Scholarship Committee as well.

3. Please attach to this application the entire copy of your financial aid award received to date, including the cover letter from the college/university you will be attending. **YOU WILL NOT BE ELIGIBLE TO RECEIVE A TOWN SCHOLARSHIP UNLESS THIS INFORMATION IS SUBMITTED WITH YOUR APPLICATION.**

4. Itemize the proposed budget for your first year of college:

Tuition	\$
Additional Fees	\$
Room	\$
Board	\$
Transportation	\$
Textbooks & Supplies	\$
Personal Expenses	\$
Total Expenditures	\$

5. Available Funds:

- a. Funds from your own savings and earnings which will be applied to first year expenses: \$ _____
 - b. Amount of the first year's expenses which will be paid by your parent(s), guardian(s) or grandparents or any others. \$ _____
 - c. Funds available from other sources, such as educational insurance, loans, bonds, gifts, and education accounts for you. \$ _____
 - d. Scholarships and grants from your university \$ _____
 - e. Loans \$ _____
 - f. Work-study \$ _____
 - g. Other scholarships \$ _____
- TOTAL AMOUNT OF AVAILABLE FUNDS: \$ _____**

6. Briefly, write about the goals toward which you plan to work while in college. What are you expecting to get from the college experience? How are you expecting to contribute to the institution you plan on attending? *Please feel free to use additional space as needed.*

7. If you previously prepared a resume or typed formal activity list (which includes summer activities) for your college application(s), please attach it to this application. If not, please list the activities in which you actively have participated (most important). Include school and outside activities and any employment you have had while a high school student. *You can also attach your college activity list or resume.*

Freshman Year

Sophomore Year

Junior Year

Senior Year

8. Family Information:

a. Parent(s)/Guardian(s) names and occupations:

	Name _____	Occupation _____
	Email address _____	Phone Number _____
	Name _____	Occupation _____
	Email address _____	Phone Number _____

b. Siblings:

Name	Age	School Attending Next Fall	Scholarship Aid (if any)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

c. Please list other dependents and their ages supported by your parents or guardians. What % of support is provided by your parents or guardians?

_____ / _____% _____ / _____%

_____ / _____% _____ / _____%

9. References: List as references two qualified adults, not relatives, who may be contacted by the Scholarship Committee.

(1) Name _____ Telephone _____

Address _____

Email address _____

Relationship: _____

(2) Name _____ Telephone _____

Address _____

Email address _____

Relationship: _____

10. Financial Aid Package from school you will be attending:

College Grant: _____

Pell Grant: _____

Other Grant/Scholarships: _____

Loans: _____

Work/Study: _____

11. Will the college or university to which you are applying reduce any portion of their financial aid to reflect an award that you receive from the WHS Scholarship Committee? If yes, how much money can be awarded without reducing your financial aid package from your college? *(You can call the college Financial Aid Office to obtain this information.)*

Yes _____ No _____ Uncertain _____ *(check one only)*

Amount: \$ _____

12. The Committee will seriously consider information that was not included on this form that you believe to be in support of your application for need-based scholarship aid. Please use the space below to provide us with any additional information which you believe will be helpful (e.g. unusual changes in your individual or family financial situation, your college left you with a substantial gap between your award and the funds needed, etc.).

CONFIRMATION PAGE

Print this page and deliver **in person** to Christina Kalil in the Guidance Office.

13. SIGNATURES

As the student and parent/guardian of the applicant named herein, I have read the completed application and vouch for its accuracy. This application is being made with my full knowledge and approval. Additionally, I authorize the scholarship committees, if necessary, to contact the college to which I will attend, to inquire about financial packages.

SIGNATURE OF STUDENT: _____
(Signature) (Date)

SIGNATURE OF PARENT
OR GUARDIAN: _____
(Signature) (Date)

NOTE: The Scholarship Committees recognizes the possible unfairness of comparing financial needs for Weston families with those of the rest of the country. If you feel that the FAFSA Acknowledgment does not accurately reflect your financial condition, please feel free to attach an explanation to a copy of the FAFSA Acknowledgment you submit.

Checklist for Students:

I have completed this application to the best of my ability.

I have fully completed the Activities section and/or attached my official Activity List prepared for my college applications.

I have the required signatures.

I am emailing this completed PDF application to kalilc@weston.org by **May 1, 2023**

I am attaching a copy of my financial aid award from the college/university I will be attending to my email to Ms. Kalil.

Having completed the FAFSA, **I am attaching the FAFSA's EFC** (Expected Family Contribution) to my email to Ms. Kalil. Please do NOT attach the full SAR (Student Aid Report).

SCHOOL REPORT *(to be completed by School Counselor)*

- This is to certify that _____ is a member of the Class of 2022 and is a candidate in good standing for graduation and a worthy candidate for scholarship aid.
- This student’s weighted GPA is _____; unweighted GPA is _____
- Estimate of the applicant’s success in pursuit of present post-high school plans (circle one)
 Excellent Good Fair Poor
- To the counselor, please attach a “generic” version of your counselor statement.

Signature of Counselor _____ Date: _____