

1500 Main Street · P O Box 15769 · Springfield, Massachusetts · 01115

Phone (413) 732-2858 · Fax (413) 733-8565

www.communityfoundation.org

scholar@communityfoundation.org

How to Apply

- Complete this application and mail it to the above address or apply online at www.communityfoundation.org.
Arrange to have your most recent official academic transcript sent to the Community Foundation.
Submit a 2009-2010 Student Aid Report (SAR) to the Community Foundation.
Complete the Personal Comments Section of this application.
Consideration for the MassMutual Career Pathways Scholarship requires that you submit an online application.
Application and required material must be received by the Community Foundation or postmarked by March 31, 2009.
Additional program information and detailed instructions are available at www.communityfoundation.org.

Personal Data

Name: Last First Middle Initial

Permanent Home Address Apt. #

City State Zip County

How many years have you lived in this Town/City?

Phone # Cell #

Email

Date of Birth Social Security Number

Academic Data

High School Graduation Year

City State

College / School you plan to attend in the fall of 2009

City State

Type of School 2 Year 4 Year Graduate Other

Year of study in the fall of 2009 Freshman Sophomore Junior Senior

Graduate Doctorate Juris Doctor Other

Enrollment Status Full-Time Part-Time Less than half time (less than 6 credits per semester)

Intended Major (for example, Nursing, Accounting)

Employment History

Provide your most recent employment information.

- (1) Name of Employer _____
 City _____ State _____ Zip _____ Type of Job _____
 Dates of Employment: from _____ to _____ Average number of hours worked per week _____
- (2) Name of Employer _____
 City _____ State _____ Zip _____ Type of Job _____
 Dates of Employment: from _____ to _____ Average number of hours worked per week _____

Extracurricular Activities

Describe up to four activities that are most significant to you that you have participated in during the past two years. These may include community service, clubs, and sports, etc.

Name of Activity	Leadership Position	Year(s)	Average Hours per Week	Total Hours per Year

Personal Comments

Describe any special circumstances, or other information you would like the selection committee(s) to consider that may distinguish you from other applicants. These may include but are not limited to obstacles you have overcome, academic goals, interests and achievements, financial constraints, etc. Selection committees may use this information to make their selection; therefore, completing this portion of the application is strongly encouraged.

Print name: Last _____ First _____ MI _____

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Educational Interest-Free Loans

The James W. Colgan Educational Loan is offered to current Massachusetts residents who have lived in state for a minimum of five years. The Margrit H. Sutton-Annen Student Loan is awarded to individuals who are of Swiss descent and U.S. citizens. Repayment begins three months after graduation and no interest is charged providing the monthly payments are made on time.

- Would you like to be considered for an interest-free educational loan? YES NO
Have you lived in MA for the past five years? YES NO
Are you of Swiss descent and a U.S. Citizen? YES NO

Additional Data Section - The following section is optional. However, this information is needed to determine your eligibility for some awards because certain Community Foundation scholarships are restricted to specific groups. The Community Foundation does not discriminate on the basis of gender, ethnicity, religion, age or disability, unless required by the terms of a particular fund.

- Gender: Male Female
Ethnicity: Check all that apply African American / Black American Indian
Asian or Pacific Islander Hispanic / Latino White
Religion: Baha'i Greek Orthodox Protestant Roman Catholic Other

Family

- Yes No Has either of your parents died?
Yes No Has either of your parents died from cancer?
Yes No Are you a graduating high school senior who has had either parent die from heart disease?
Yes No Are you a graduating high school senior who has a parent receiving Social Security disability benefits?
Yes No Are you or have you been in the custody of the Department of Children and Families (DCF), formerly the Department of Social Services (DSS)?
Yes No Are you a past or current resident of Hillcrest Educational Centers?

Academic

- Yes No Did you study the French language in high school?
Yes No Did you participate in a learning disabled program at your high school?
Yes No Are you a graduate of Greenfield Community College, Holyoke Community College or Springfield Technical Community College?
Yes No Are you graduating with a bachelors degree from the University of Massachusetts-Amherst, Hampshire College, or Amherst College in the spring of 2009 and pursuing a graduate degree in the fall of 2009?

Sports

If you will be graduating from high school in June, 2009:

Yes No Did you participate on a basketball team? Use Personal Comments Section to describe.

Yes No Did you participate on an ice hockey team? Use Personal Comments Section to describe.

Yes No Did you participate on a swim team? Use Personal Comments Section to describe.

Employment / Membership

Yes No Are you a member or an employee of the Orchards Golf Course in South Hadley, MA?

Yes No Are you related to a member of the Springfield Newspapers' 25 Year Club? If yes, list member's name and your relation.

_____ Name _____

_____ Relation _____

Yes No Are you a child, step-child, or grandchild of an employee of the former Deerfield Plastics Company as of Oct 1996? If yes, list employee's name and your relation.

_____ Name _____

_____ Relation _____

Reminders

Yes No I have completed the Personal Comments.

Yes No I have signed the Common Application.

Yes No I have completed the Free Application for Federal Student Aid (FAFSA).

Yes No I have received my Student Aid Report (SAR) and have/will submit a copy to the Community Foundation.

Yes No I have arranged for my school to send an Official Academic Transcript to the Community Foundation.

I understand all materials are confidential, remain the property of the Community Foundation, and cannot be returned.

I understand that if I do not complete the application process, I am not eligible for consideration for awards.

I understand that the information I disclose in this application will determine my eligibility for Community Foundation scholarships and loans and may be shared with committees for award selection.

I understand all awards are subject to the policies of the Community Foundation. These policies are available for review upon request.

I certify that all information provided is complete and accurate to the best of my knowledge. If requested, I agree to furnish proof of the information I have submitted.

Applicant's Signature _____ Date _____

Parent/Guardian Signature (if applicant is under age 18) _____ Date _____

Yes No If selected as a recipient I give permission to the Community Foundation to release my contact information to a scholarship fund representative in order to arrange a public recognition.

Community Foundation of Western Massachusetts

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Community Foundation of
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