



The Bolton Scholarship Fund, Inc.

General Information

1. Name _____ Telephone _____
Cell Phone _____
2. Home Address _____
3. E-mail _____
4. Name of College/School: _____
5. Complete Address College/School: _____

6. Major/Area of Study/Interest _____
7. Intended/required length of study (in years) _____ Intended Year of Completion _____
Undergraduate Student Graduate Student
8. Full-time Student or Part-time Student
9. List the names, addresses & phone numbers of two people who will be willing to provide a personal/character reference for you upon request. These should be non relatives and only one may be a teacher.

Certification Statement

To the best of my knowledge the information contained in this application is true and correct. I have read the Application Information and Instructions cover sheet and understand that I am responsible for the submission of all information and documentation required by the April 22, 2008 deadline. Bolton Scholarship Fund, Inc. reserves the right to disqualify late or incomplete applications.

Applicant Signature / Date

Parent/Guardian Signature / Date



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PART I - FINANCIAL INFORMATION

A. Expenses		
1. Tuition for upcoming year		\$
2. Additional required fees billed by college or school		\$
3. Books and Lab fees		\$
4. Room (residence only)		\$
5. Board (meals away from home)		\$
TOTAL EXPENSES		\$

B. Available Funds		
1. Annual amount from parents		\$
2. Annual amount from student as itemized below		
• Part-time job, summer job		\$
• Portion of savings available for this coming school year		\$
• Excluding student loans, list any other known source of financial aid and the amounts (e.g. Conn. State Scholarships)		\$
TOTAL		\$

C. Annual Financial Need [Expenses (A.)] minus [Available Funds (B.)]	\$
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D. Loans, Grants and/or Financial Aid from college or school:				
Pell Grant	\$		Subsidized Direct Stafford Loan	\$
Perkins Loan	\$		Unsubsidized Stafford Loan	\$
			Additional Financial Aid from School	\$

E. Gross Income (check appropriate category and level)

Parent(s) [If applicant is claimed as a dependent on Federal Income Tax]

Student (and spouse, if married) [If no longer claimed as dependent by parent(s)]

0-\$30,000
 \$30,001 - \$45,000
 \$45,001 - \$60,000
 \$60,001 - \$75,000
 \$75,001 - \$90,000
 \$90,001 - \$110,000
 \$110,001 - \$130,000
 over \$130,000

F. FAFSA

Did you submit a FAFSA? Yes No

If Yes, please attach a **copy** of the portion of your SAR (Student Aid Report) that indicates your EFC (Expected Family Contribution) number. **Do not send any other information from your report.**



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PART II - FAMILY INFORMATION

A. List the **ages** of dependent children in the household, **including yourself** (e.g., 22, 18, 14, 10).

Do **not** include names _____

B. How many of the above, **including yourself**, will be attending a post-high school institution during the coming school year? _____

PART III - ACADEMIC INFORMATION

A. Number of credit hours required for graduation _____

B. Number of semesters completed prior to the current semester _____

C. Cumulative/GPA (based on 4.0). Please note if base is other than 4.0 _____

Please attach a **copy** of your official transcript through the first semester of the current school year.

D. Based on the **current** semester, enter number of hours for the following:

1. How many hours per week are you in class or labs? _____
(ex. 5 classes at 3 hours per week plus one lab of one hour per week = 16)

2. a. If you have a job during the school year, how many hours per week do you work? _____

b. How many of these hours are considered Work Study as part of your financial aid package? _____

PART IV - SUPPLEMENTARY INFORMATION

A. Graduate of (check one) Bolton High School Other Please specify _____

B. Year of High School Graduation _____

C. Resident of (check one) Bolton Other Please Specify _____

D. Graduate Student: Undergraduate Degree _____ from _____ Year _____

E. Write a brief statement of your academic goals / career objectives



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F. Describe your involvement and level of participation in collegiate sports and extracurricular activities.

G. Do you work or have you worked during the *previous 12 months*? Yes No

Employer	Position/Type of Work	Dates of Employment	Hours Worked/Week

H. If there are any special circumstances you wish to share which you feel would be useful to the committee in evaluating your application, please list them below.

I. If you receive a scholarship, will you share some information about yourself, your academic goals and career objectives in your thank you note to the committee and/or the donor of a named award?

Yes _____ No _____