

## THE MALERBO MEMORIAL SCHOLARSHIP FUND

This fund was established at the Main Street Community Foundation through a bequest in 2005 by Harold Malerbo. The scholarship is available to students from Bristol who wish to attend or are attending St Paul Catholic High School in Bristol.

#### **ELIGIBILITY**

This award is open to students from Bristol who wish to attend or are attending St. Paul Catholic High School. The award will be given for at least one year, with the possibility of renewal for an additional three years. Students who have received the award in the past should re-apply each year if they continue to fit the criteria. The number of recipients is based on the amount of funds available.

# **QUALIFICATIONS**

- 1. Students must show evidence of academic achievement and leadership in school and/or community.
- 2. Preference will be given to students who show evidence of financial need.

#### APPLICATION CHECKLIST

r our application pa	cket should include:
1. [	One (1) signed copy of the cover sheet

- 2. Two (2) copies of the rest of the application
- 3. One (1) copy of the most recent report card
- 4. One (1) copy of the most recent tax return, pages 1 and 2

## Mail or drop off completed application with attachments to:

Jarre Betts, Vice President of Programs Main Street Community Foundation 120 Halcyon Drive P. O. Box 2702 Bristol, CT 06011-2702

If you have any questions, please contact Jarre Betts by calling 860.583.6363 or by emailing jarre@mainstreetfoundation.org.

APPLICATION DEADLINE: MARCH 16, 2018 at 4 p.m.



# 2018 COMMON APPLICATION FORM COVER SHEET

ID #\_\_\_\_ (for office use only)

# SUBMIT ONE SIGNED COPY OF THIS COVER SHEET

**Instructions:** To use this form, download and save it, click on the gray areas and begin typing or print it out. The application must be signed on the cover page. **Please call the Foundation office at 860.583.6363 if you have any questions.** 

# The Malerbo Memorial Scholarship Fund

<b>Applicant Information:</b>	
Name:	
Tel. No.:	
Home Address:	
Email Address:	
Date of Birth:	
Father's Full Name*:	
Employer and Occupation:	
*If deceased please list date:	
Mother's Full Name*:	
Employer and Occupation:	
*If deceased please list date:	
· · · · · · · · · · · · · · · · · · ·	plarship assistance received under such by the recipient to the Main Street Community ot complete this application in entirety and sign
Signature	
Applicant	Parent/Guardian (if applicant's under 18)
D-4-	D.4.

ID #		
(for office	use	only)

## MALERBO MEMORIAL SCHOLARSHIP APPLICATION

<b>Instructions:</b> Complete this application pack and <u>submit 2 copies of each</u>
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II.	Criteria	and	Educationa	l Information
11.	CIIUII	anu	Laucanona	

Based on the criteria of this scholarship, briefly state why you are the best candidate:

List in chronological order the schools you have attended:

Name of School	Location	Dates Attended

# **III. School and Community Activities**

Please list the last four years. If more space is needed, attach an additional sheet in the same format listed below. Do not attach resume.

**School Activities** – Include all school related activities. This can include band, athletics, student government, professional associations, etc.

School Activity	Year(s)	Hours	Weeks	Leadership positions/award
		per	Per	
		week	Year	

Community Activities – This can include volunteer service, religious activities, scouts, etc.

Community Activity	Year(s)	Hours	Weeks	Leadership positions/award
, ,		per	Per	• •
		week	Year	

# **IV. Family and Financial Information**

Attach <u>ONE COPY</u> of page 1 and 2 of your parents' most recent Federal Income Tax Return. If parents are divorced please attach a Tax Return for both parents. In addition to submitting the report and return please fill in the information below.

Mother's Adjusted Gross Income (from most recent tax return):  Mother's Adjusted Gross Income (from most recent tax return):
Parents' current marital status:
If applicable (if more explanation is necessary, please state under section V.):  Who claimed the student as a tax exemption for the most recent year?:  According to court order, when will support for the student end (Month/Year):  Is there an agreement specifying a contribution for the student's education?
If you have any siblings, list their ages and where they are employed or in school. Do not name:
V. Additional Financial Information
Total number of family members living in the household and primarily supported by the above incomes:
List any special circumstances that the Committee should be aware of. This can include anything to explain unusual financial circumstances (loss or uncertainty of employment, medical bills not covered by insurance, death in the family, support to extended family, loss of child support, etc.):
Please state how you learned about this scholarship: Guidance Office Website Newspaper Friend Library Other (Please state)
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