

TOWN OF LITTLETON

COMMISSIONERS OF TRUST FUNDS FRANK M. KIMBALL SECOND SCHOLARSHIP FUND JOHN C. AND EUNICE B. MORRISON SCHOLARSHIP FUND JOINT SCHOLARSHIP APPLICATION

Scholarship Background, Goals and Selection Criteria

The <u>Frank M. Kimball Second Scholarship Fund</u> was established by H. Vincent Couper, a resident of Littleton, prior to his death, who wished to honor his uncle who established the first Frank M. Kimball Fund. It is for the benefit of citizens of Littleton who have resided in Littleton for a minimum of two years, have graduated from a high school and have the desire or need to go on to advanced studies. It is intended to include those who have been working for some time as well as those who are recent or soon to be high school graduates. Awards from the Frank M. Kimball Second Scholarship Fund may range from \$500 to \$2,500.

The <u>John C. and Eunice B. Morrison Charitable Foundation Scholarship Fund</u> (Morrison Fund) seeks to establish a college and vocational institutional scholarship program for residents of the Town of Littleton who are graduates of Littleton High School, Nashoba Valley Technical School, or other secondary schools of the Town of Littleton, who wish to continue their education at a college, university, or vocational training program of their choosing. Recipients shall be selected on the basis of scholarship and financial need, which is to be considered, but not necessarily the governing factors, in making the awards. A limited number of \$5,000 awards will be made from the Morrison Fund.

Scholarship Materials and Deadlines

All Applicants must submit the following materials to be considered for the scholarship awards:

- Completed Application
- For High school, College & University students
 - Please supply an official transcript of your scholastic record which includes the most recent year of your education
 - o FAFSA's assessment of your financial need Expected Family Contribution (EFC) summary only
- For all other applicants, applying for occupational or training programs
 - Please supply documentation regarding the course or program to which the scholarship would be applied

Please send all materials to:

Scholarship Awards Committee Office of the Town Treasurer 37 Shattuck Street Littleton, MA 01460

All materials must be postmarked or hand delivered to the Town Treasurer's Office by April 1st to be eligible for consideration. All information received will be treated in a confidential manner. Those receiving awards will be notified by June 1st. Scholarship funds must be used within ten (10) months after the award notification.



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PERSONAL I	NFORMATION				
Name: _					
Address: _					
_					
Email:					
Phone:			Home	Cell	
Alternate Phone:			Home	Cell	
EDUCATION	rears have you been a resident of				
		-			
	which post-secondary school this a current status of each. (Check app			•	applied
School		Applied	Accepted	Enrolled	



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For all written questions, we encourage you to attach additional sheets as necessary.

(1) Please describe the educational/training program to which the award would be applied.				
(2) Please comment on your goals and interests and how they relate to your selected major or field of work.				
(3) Describe your academic experience to date, your activities both in and out of school, community service and any special considerations which help show who you are and why you should be considered for this scholarship. Working applicants should include work experience and how this scholarship will assist you in your career.				



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(4) What is the direct cost	of the educational/traini	ng program for which you seek financial assistance?				
Tuition & Fees	\$	_				
Books & Supplies	\$					
		Please detail:				
Other	\$					
Total Cost	\$	_				
(5) Describe your anticipated financial resources to meet these expenses. College & University students that have applied for other financial assistance should include a copy of the Expected Family Contribution Sheet (EFC summary only) from the FAFSA assessment.						
Scholarships/Awards/Grant	ts <u>\$</u>					
Loans	\$					
Family Assistance	\$					
Personal Savings	\$					
Employment	\$					
Total Financial Resources	\$					
An award from either the Frank M. Kimball Second Scholarship Fund or the John C. and Eunice B. Morrison Scholarship Fund is to be applied exclusively to the cost of the education program to which I have made application or in which I am currently enrolled, as described above. I understand that the Awards Committee may contact me for a personal interview and may request additional documentation. I understand that scholarship funds must be used no later than ten (10) months after the award notification or will be forfeited. I also certify that, to the best of my knowledge, the information supplied in this application is complete and accurate.						
Signed:		Date:				