

“EDWARD J. (JUD) SULLIVAN SCHOLARSHIP”

**CITIZENS FOR CITIZENS, INC.
264 GRIFFIN STREET
FALL RIVER, MA 02724**

SCHOLARSHIP AMOUNT - \$ 1,000.00

General Information/Instructions:

Read carefully before completing application

1. **ELIGIBILITY** –

A. ***Only high school seniors*** who are continuing their education in a four year college program, a two year college program, or a two or four year program at an accredited technical school.

B. ***MUST BE A FORMER STUDENTS OF ONE OF THE FOLLOWING PROGRAMS ADMINISTERED BY CITIZENS FOR CITIZENS, INC.: HEAD START, AFTER SCHOOL DAY CARE, FAMILY CHILD CARE, OR EXTENDED DAY CARE.***

2. **SELECTION CRITERIA** – Applicants will be judged upon the following criteria listed in order of priority:

A. Academic Performance including difficulty of academic program, SAT scores, class rank and honors received.

B. Economic Need

C. Extracurricular Activities

D. Community and/or Volunteer Service

3. **SUBMISSION INSTRUCTIONS** - *Applications will be available by mid March at the Guidance Office of Fall River area high schools and at Citizens for Citizens, Inc. main office at the above address or at the offices of CFC’s Head Start, After School Day Care/Extended Day Care, Family Child Care, all located at 427 Robeson St., Fall River, MA and our CFC website at www.cfcinc.org.*

Absolute DEADLINE for filing applications is Friday, April 24, 2020.

4. Application must be typed or clearly printed using a **BLACK OR BLUE PEN.**

5. Application package consists of the following:

✓ A completed application form.

✓ An ***OFFICIAL HIGH SCHOOL TRANSCRIPT. Please ask your high school to mail your transcript directly to Citizens for Citizens, Inc. The transcript or an addendum to it***

must include SAT scores and class rank. You, as the applicant, are responsible for arranging this. See below for the mailing address.

- ✓ A ***COPY OF YOUR LETTER OF ACCEPTANCE*** from the college or technical school you will be attending in Fall of 2020.
- ✓ **APPLICANT MUST PROVIDE A COPY OF YOUR PARENT (S) current FEDERAL TAX RETURN.** (If your parent did not file a Federal Tax Return – explain why on a separate sheet of paper.)
- ✓ A letter of recommendation from a former or current teacher.
- ✓ A narrative, not to exceed one typed or two handwritten pages, describing why you should receive this scholarship.
- ✓ A resume which reflects all employment, extra- curricular and volunteer/community activities.
- ✓ CFC Scholarship Committee may choose to conduct a personal interview with some or all applicants. If such is the case, you will be contacted.

Return all of the above to:

**CFC Scholarship Committee
264 Griffin Street
Fall River, MA 02724
Attention: Liz Berube**

If you have any questions contact Liz Berube at 508-679-0041 ext 318 or email her at lcorreira@cfcinc.org

Note: No consideration will be given to applications which are incomplete or received after the deadline.

All information connected with this application will remain confidential with the CFC Scholarship Committee. Once the committee selects the recipient the remaining applications will be destroyed.

6. **SELECTION PROCESS** - The Scholarship Committee will meet in May to determine the recipient of the award. The selected recipient will be notified of his/her selection and will be invited to attend the annual Board of Director's meeting of Citizens for Citizens, Inc. which is normally held in June. At the meeting the recipient will be presented a check in the amount of One Thousand Dollars (\$1,000.00).

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**CITIZENS FOR CITIZENS, INC.
264 GRIFFIN STREET
FALL RIVER, MA 02724
AWARD AMOUNT \$1,000.00**

APPLICATION FORM

(Please read the attached "General Information/Instruction Sheet" prior to completing this application.) Note the absolute deadline for complete applications is: 4/24/20

NAME: _____
Last First M.I.

ADDRESS: _____
Number Street City/Town Zip Code

TELEPHONE: _____ (_____) _____
Area Code EMAIL: _____

Name of the CFC program that applicant formerly participated in, either Head Start, After School Day Care, Family Child Care, or Extended Day Care. (Please include year (s) of participation.) _____

Father's Name and Address: _____

Mother's Name and Address: _____
(if same as father's address _____
write "same") _____

Total number of persons living in your household _____

Source of Family Income: (Circle All That Apply)

Wages Child Support TANF Pension Unemployment
Social Security SSI

Other: (Explain) _____

Total Family Income _____

Do you rent? If so, amount of your monthly rent _____

Does your family own your home? _____ Monthly mortgage payment _____

First year tuition at the College or Technical School you will attend _____

Name of college or technical school you will be attending _____

What course of study do you plan to undertake? _____

Including yourself, how many members of your household will be attending College/Technical School next year? _____

Have you been awarded any other scholarships/grants:

Yes _____ No _____

If yes, **LIST THE NAME OF SCHOLARSHIP/GRANT AND THE AMOUNT** for each award you received.

If you are notified of additional financial aid after you file this application, you have an obligation to notify us of the name of the scholarship/grant and the amount. You notify us by writing your name, address, name of scholarship/grant and amount on a piece of paper and mailing it to us. Mailing address is located on page 2, item 5H of the instruction pages.

Name of Scholarship/Grant

Amount

If you feel there are any “special circumstances” which apply to you or your family which you feel the CFC Scholarship Committee should consider, please attach a separate page describing it or them.

Date: _____

Your Signature

Parent’s Signature