

**“EDWARD J. (JUD) SULLIVAN SCHOLARSHIP”**

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

**SCHOLARSHIP AMOUNT - \$ 2,000.00**

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 STUDENT 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 mid March 2024 at the Guidance Office of Fall River and Taunton 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, Applications can also be accessed on our CFC website at [www.cfcinc.org](http://www.cfcinc.org). Absolute DEADLINE for filing applications is Friday, May 3, 2024.***

**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.

Over →

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 2024.

**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. 818 or email her at [lcorreira@cfcinc.org](mailto:lcorreira@cfcinc.org). Completed applications can also be emailed to Liz.**

**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 arrangements will be made in which a check will be presented in the amount of Two Thousand Dollars (\$2,000.00).

Revised 2/2024

**EDWARD J. (JUD) SULLIVAN SCHOLARSHIP**

**CITIZENS FOR CITIZENS, INC.  
264 GRIFFIN STREET  
FALL RIVER, MA 02724  
AWARD AMOUNT \$2,000.00**

**APPLICATION FORM**

**(Please read the attached “General Information/Instruction Sheet” prior to completing this application.) Note the absolute deadline for complete applications is: 5/3/24**

NAME: \_\_\_\_\_  
Last First M.I.

ADDRESS: \_\_\_\_\_  
Number Street City/Town Zip Code

TELEPHONE: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_  
Area Code

**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") \_\_\_\_\_  
\_\_\_\_\_



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

Revised 2/2024