COMPLETED APPLICATION MUST BE RECEIVED BY MAY 23, 2025 BY 12:00 P.M.

HENRY HERBERT SMYTHE TRUST SCHOLARSHIP APPLICATION

Please <u>PRINT</u> AND COMPLETE ALL BLANKS ON EACH PAGE OF APPLICATION. Add separate sheet if necessary. RETURN TO: Guidance, Falmouth High School, 874 Gifford Street, Falmouth, MA 02540 or email to icarrara@falmouth.k12.ma.us.

TRANSCRIPTS:

Attach or forward transcript for at least the last year of schooling to the application or <u>have your current</u> school send your transcript which includes your last available grades to Falmouth High School.

WITHOUT THIS DOCUMENTATION, YOUR APPLICATION WILL NOT BE CONSIDERED

COMPLETE. Your latest G.P.A. must be reported when received.

1.	PERS	ONAL	INFORMATION

٩.	Managa at Ale eller el							
	Name of Applicant							
		ST	FIRST	Stata	MI Zin Codo			
					Zip Code			
		hone No Personal Email address: (do not leave this blank)						
В.	Guardian 1 Name:							
	Name/Address of employer or former employer							
	Guardian 2 Name:							
	Name/Address of employer or former employer							
	Please give address of parents, if different from your own:							
	Guardian 1		Guardian 2					
C	Brothers/Sisters	2anA	Living at Home	N	Name of School or Employer			
Ο.	DIOTHERS/ ORSTERS		-		varne of ochool of Employer			
<u></u>	Are you a member of C	t Darnahaa Mam	arial Church	Voo	No			
D.	Are you a member of S	t. Barnabas iviemo	oriai Gnurch.	res	NO			
	TIONAL INFORMATIO							
		h you are present	ly attending					
	School or college whic	, ,						
A.				ou plan to	attend next year			
A.				ou plan to	attend next year			
A.				ou plan to	attend next year			
А. В. С.	Address of Financial or College ID No. (This is a	Bursar's Office of	school or college you	nt to the c	college– if you do not know th			
А. В. С.	Address of Financial or	Bursar's Office of	school or college you	nt to the c	college– if you do not know th			
A. B. C. yo	Address of Financial or College ID No. (This is a unust provide this if you	Bursar's Office of necessary in order ou are awarded thi	r to make the paymes s scholarship)	nt to the c	college– if you do not know th			
A. B. C. you	Address of Financial or College ID No. (This is a u must provide this if you total Cumulative grade	Bursar's Office of necessary in order ou are awarded this e point average (th	r to make the payme s scholarship)	nt to the c	college– if you do not know th			

3. FINANCIAL INFORMATION (Please note INCOMPLETE APPLICATIONS will real A. Have you applied for financial aid for the next school year? Yes No		
Have you received a Financial Aid Award Package?	College Grants	
YesNoNot Yet	Loans	
If yes, please list amounts: (in box at right) and attach copy of	Work Study	
letter from the school If no, please list amount of previous package and year received:	Other	
	Total Amount	
B. Indicate other Aid/Scholarships received not listed	- Iotal Alliount	
C. Estimated costs for next year of schooling: Tuition Roo Other (Itemize on separate sheet if necessary)		
The above financial information must be filled out.		
4. WRITTEN STATEMENT Character will be defined as "giving freely of yourself a	and your talents unselfishly to	
benefit another without thought of reward". On the next page in approximately	200 words, describe briefly an	
experience, activity, or event, <u>within the past year</u> and outside of your academic en yourself" to help others. <u>RENEWAL</u> APPLICATIONS MUST SUBMIT A NEW WRITE AND ADDRESS OF THE PROPERTY OF		
sheet if necessary)		

Please explain	any unusual circumstances	you wish a Scholarsh	nip Committee to consi	der.

Please note INCOMPLETE APPLICATIONS will not be CONSIDERED