

APPLICATION FOR THE NORMAN L. QUINT SCHOLARSHIP

Sponsor: Institution for Savings

Amount of Award: \$1,000



(Please type or use black ink and print clearly)

Student's Name _____

Norman L. Quint
Ipswich Co-operative Bank
Retired Chairman of the Board
Director 1956-1990

Address _____

Cell Phone _____ Email Address _____

Date of Birth _____ Grade Point Average _____ Decile _____

Part 1—to be completed by the Student

Name of School/College you plan to attend (list top choices if undecided) _____

Your intended course of study or career plans _____

Educational expenses:	Tuition	\$ _____
	Room and Board	\$ _____
	Travel	\$ _____
	Books, materials, etc.	\$ _____
	Total	\$ _____

Your financial resources (total savings, checking, CDs, etc.) \$ _____

Do you work during the school year? _____ If YES, how many hours per week? _____

Amount you earned last summer \$ _____

Do you own a car? _____ If YES, make, model and year _____

List the names and amounts of scholarships or grants that you have already received:

Essays

Please write a brief autobiographical statement on a separate sheet of paper and attach it to your application. Discuss why you selected your career and college, and outline your activities, interests, and achievements in high school and in the community. Which activity or interest has been most important to you? Why? Include a summary of any paid or volunteer work. Include 2 letters of recommendation.

1. Please answer ONE of the following questions in no more than 2 typed pages:

- What do you aspire to be and why?
- What insights have you gained from a significant experience and how has it influenced your life?

Continued

Part 2—to be completed by Parent or Guardian

Father's or Guardian's Name _____

Address (if different than applicant) _____

Occupation _____

Mother's or Guardian's name _____

Address (if different than applicant) _____

Occupation _____

Names, ages and relationships of dependents to applicant

Name	Age	Relationship

Describe any unusual circumstances or financial expenses in your household or business in the past year or in recent years which might adversely affect your ability to pay for the applicant's educational expenses (*example: employment layoff, extensive medical expenses for family member, etc.*) Attach separate sheet if needed.

Please list EFC (expected family contribution) as indicated on FAFSA. _____
(Attach confirmation email)

Signature of Applicant _____ Date _____

Submission Requirements:

- Completed application
- Copy of High School Transcript
- Autobiographical statement
- One Essay
- Two letters of recommendation

*The information provided in this Application is reviewed by the Institution for Savings Scholarship Committee and is kept completely confidential. **Applications must be completed in full to be considered.** Please submit completed application and attachments to your School Guidance office or directly to the 2 Depot Square Ipswich Charitable Foundation Scholarship, PO Box 32, 2 Depot Square, Ipswich, MA 01938.

