

\$5,000 Patricia D. Connelly Scholarship Application

Patricia D ("Pat") Connelly was a lifelong native of Newburyport and a 38-year employee of the Institution for Savings who passed away in June of 2020. Pat was a 1964 graduate of Newburyport High School and was a true Clipper who embodied the spirit of kindness and believed in giving back to her community and others less fortunate than herself, a mantra she lived every day. In her honor and memory, the Institution for Savings will award one scholarship annually in the amount of \$5,000 each. Recipient must be a graduating senior from Newburyport High School and embody the spirit in which Pat lived her life. Applicants must also be accepted for admission at an accredited college or university.

Submission

Applicants must complete and submit the following to the Patricia D. Connelly Scholarship Committee, PO Box 510, Newburyport, MA 01950 OE email to ifscharitable@institutionforsavings.com. Incomplete submissions will not be considered.

| A copy of your high school transcript |
|---|
| Autobiographical statement |
| One completed essay (see Application) |
| One letter of recommendation (in a sealed envelope OR emailed to ifscharitable@institutionforsavings.com. |

☐ Your Completed application (attached)



Signature of Applicant_

Patricia D. ("Pat") Connelly \$5,000 Annual Scholarship Application

(Please type or use black ink and print clearly)

Date_

| Student's Name | | | | |
|----------------------|---|--|---------------------------------|--|
| Street Address | | City/Town Email Address | | |
| Cell Phone | | | | |
| Pate of Birth | Grade | Point Average | | |
| PART 1—TO BE (| COMPLETED BY THE STUDE | NT | | |
| Name of College you | u plan to attend (list top choices i | fundecided) and anticipated costs for e | ach: | |
| | 1 st Choice | 2 nd Choice | 3 rd Choice | |
| College Name | | | | |
| Accepted Yet? | | | | |
| Tuition | | | | |
| Room and Board | | | | |
| Travel | | | | |
| Books, materials | | | | |
| Total | | | | |
| our intended cours | e of study or career plans | | | |
| our financial resou | rces (total savings, checking, CDs, | etc.) \$ | | |
| o you work during | the school year? | If YES, how many hours per week? | | |
| Amount you earned | last summer \$ | | | |
| List the names and a | amounts of all scholarships/grants | s you have been awarded: | | |
| | | | | |
| | | | | |
| 1. Autobiograp | hical Statement | | | |
| | | a brief autobiographical statement outl | - | |
| _ | th school and in the community. Inpaid work or volunteer activities | Which activity has been most importan | t to you and why? Include a | |
| 1. Essay | ripald work or volunteer activities | 5. | | |
| • | yped page, please describe any a | ctivities you have undertaken to give ba | ack to others in your community | |
| | ou believe that giving back is imp | - | · | |

PART 2—TO BE COMPLETED BY PARENT OR GUARDIAN

| Father's or Guardian's Name | | |
|---|--|--|
| Address (if different than Applica | ant) | |
| Occupation | | |
| Mother's or Guardian's Name | | |
| Address (if different than Applica | ant) | |
| Occupation | | |
| Names, ages and relationships o | f dependents to applicant | |
| Name | Age | Relationship |
| | | |
| Do you currently have any relati | ves who work at the Institution for Saving | |
| Describe any unusual circumsta which might adversely affect y | nces or financial expenses in your house | chold or business in the past year or in recent years ducational expenses (example: employment layoff, |
| Please list SAI (Student Aid Inde) | :) as indicated on FAFSA: | (Attach |
| confirmation email) | , as maleated 5117711371. | |
| Checklist for Submitting Co | ompleted Application | |
| Completed applicationCopy of high school tra | · | |
| ☐ Autobiographical states☐ Completed essay | ment | |
| ☐ One letter of recomme | ndation | |

*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 Patricia D. Connelly Scholarship Committee, PO Box 510, 93 State Street, Newburyport, MA 01950 OR email to ifscharitable@institutionforsavings.com. Incomplete applications will not be considered.