



APPLICATION FOR SCHOLARSHIP

New Bedford Day of Portugal – C/O Scholarship Chair
 Scholarship Committee
 P.O.Box 40564, New Bedford, MA 02744
 Nb-dayofportugal.com

DEALINE – Must be postmarked no later than April 15, 2016

IMPORTANT ELIGIBILITY REQUIREMENTS – Failure to follow guidelines/requirements will result in disqualification

- This application must contain accurate and detailed information and **MUST** be accompanied by an **official** transcript of Scholastic record, which should include most recent class rank and S.A.T. scores (High School Graduates).
- Any graduating senior seeking an undergraduate degree from an accredited college or university.
- Applicants must be attending an accredited college or University
- Applicant may re-apply on a yearly basis. However Not one person may receive a scholarship more than twice.
- **Application must be postmarked no later than the date given above; otherwise it will result in disqualification.**

APPLICANT’S INFORMATION (Please print Clearly)

Name: _____ Telephone Number: (____) _____ - _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Date of Birth: ____/____/____ E-mail address: _____
 Social Security: ____/____/____ School Now Attending: _____

FAMILY INFORMATION

Father’s Guardian’s Name: _____ Occupation _____
 Address: _____ Annual Salary _____
 Place of Business: _____ Other Income _____
 Mother’s Name: _____ Occupation _____
 Address: _____ Annual Salary _____
 Place of Business: _____ Other Income _____
 Number of family members in your household: _____ (Those living in your household)

Name	Age	School Attending	Year in School	Cost of Tuition

COLLEGE INFORMATION

If currently Attending College/University, Please enclose GPA: _____ And an official college/University Transcript

First Choice _____ Have you been accepted? _____
 Total estimated yearly college cost: _____

Second choice _____ Have you been accepted? _____
 Total estimated yearly college cost: _____

EMPLOYMENT – APPLICANT’S

Employer	Hourly Wage	Average number of hours you work during school year

EXTRA CURRICULAR ACTIVITIES (Use separate sheet of paper if need)

Activity	# of years Participated	Special Awards Honors

REFERENCES

List three (3) references who have known you and your parents for at least two years. (Exclude relatives)

Name	Address	Position	Telephone #

HARDSHIP – If Applicable

On a separate typed sheet...Please describe how and when any unusually family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

TYPED ESSAY (minimum 250 words) ANSWERING BOTH OF THE FOLLOWING QUESTIONS.

- A. What does your Portuguese heritage mean to you?
- B. How would you promote in the future the Portuguese language, culture and traditions in our community for futures generations?

RECOMMENDATION

Please enclose one (1) letter of recommendation from your clergyman, guidance counselor or a teacher of a major subject.

*******HIGH SCHOOL STUDENTS - TO BE COMPLETED BY SCHOOL GUIDANCE DEPARTMENT**

Class rank: _____ Class size: _____ GPA: _____

SAT scores: Verbal (writing) _____ Math: _____ Total: _____

Signature of Guidance Counselor: _____ Date: ____/____/____

AFFIDAVIT

I hereby authorize the Day of Portugal Organization Scholarship Committee to review information pertinent to their decision on my application with my school guidance counselor.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PLEASE RETURN COMPLETED APPLICATION TO: DEADLINE – Must be postmarked no later than April 15, 2016

**New Bedford Day of Portugal – C/O Scholarship Chair
P.O.Box 40564 - New Bedford, MA 02744**