



# NEW BEDFORD DAY OF PORTUGAL 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

## DEADLINE – Must be postmarked no later than April 1

### 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 High School senior seeking an undergraduate degree from an **ACCREDITED College or University**.
- Applicant currently in an undergraduate program 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/College 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

1<sup>st</sup> Choice \_\_\_\_\_ Have you been accepted? \_\_\_ Yes \_\_\_ No

**Total estimated yearly college cost:** \_\_\_\_\_

2<sup>nd</sup> choice \_\_\_\_\_ Have you been accepted? \_\_\_ Yes \_\_\_ No

**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 unusual 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 future 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: Reading/writing: \_\_\_\_\_ Math: \_\_\_\_\_ Composite Score: \_\_\_\_\_

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 1**

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