BANK OF AMERICA
APPLICATION FOR SCHOLARSHIP AID
JOHN C. BABCOCK FUND

The John C. Babcock Fund provides financial assistance to help meritorious young men and young women of Lynn and vicinity to obtain an education.

Type or Print all Information Except Signatures. Completeness and neatness will ensure your application will be reviewed properly.

Application should be returned to:

U.S. Trust, Bank of America
Attn: Joanne Reduker
99 Founders Plaza
CT2-547-05-19
East Hartford, CT 06108

Postmarked by April 16, 2019

All award payments are made directly to the students' college or university.
JOHN C. BABCOCK SCHOLARSHIP FUND
BANK OF AMERICA, CO-TRUSTEE BETSEY E BABCOCK TRUST U/W
APPLICATION FOR SCHOLARSHIP AID

Applicant Information
Last Name ___________________________ First ________________ Middle Initial __________
Mailing Address ________________________ Email Address ____________________________
Telephone (_____) ____________________

Parent Number of dependents ____________________
OR Age of Children
Guardian
Information
Approximate gross family income--Father
Mother
Other

Total $ ___________

High School Name ___________________________ Graduation Date _______________________

School Information
City ___________________________ State _______ Telephone (_____) ____________________

Post Secondary School
Name of college you plan to attend (if unknown, please list preference of school)

Information
Expense budget for school year:
(Itemize tuition, books, room, board, etc)

$ __________________

$ __________________

$ __________________

$ __________________

$ __________________

$ __________________

TOTAL EXPENSE BUDGET $ ___________

Maximum assistance you can count on:
From family sources $ ___________

Other scholarships or income sources (Pending or Granted) $ ___________

Applicant’s estimated earnings $ ___________

TOTAL INCOME FOR EDUCATION $ ___________

AMOUNT REQUIRED TO BALANCE BUDGET $ ___________

Attach transcript of High School marks (if already in college, a transcript of last year’s marks).

Two letters of recommendation:
(from teacher, guidance counselor, etc.)

Applicant’s Signature ___________________________ Date _______________________

Parent of Guardian Signature ___________________________ Date ____________________