

# JOHN CALDER MEMORIAL SCHOLARSHIP

Sponsored by the John Calder Foundation

John Calder, a Lynn native and graduate of Dom Savio High School and Framingham State College, died tragically in 1990, at the age of 28, while vacationing in New Hampshire. This scholarship was established in 1994 to honor his memory.

## GENERAL INFORMATION

1. The John Calder Memorial Scholarship Program will be used to aid students accepted to or attending an accredited institute of higher education.
2. The institute of higher education may be a two or four year college, technical or vocational school.
3. Each scholarship will be awarded by check and paid jointly to the recipient *and* institution they will attend.
4. The scholarship will be awarded on the basis of several criteria, including:
  - A) Applicant must be a Lynn resident.
  - B) Scholastic ability
  - C) Character
  - D) Activities. Special consideration will be given to student-athletes.
  - E) Financial need.
5. The award will be in the amount of \$1,000.00.

## INSTRUCTIONS

1. The application must be filled out completely and returned to the:

John Calder Memorial Scholarship  
P.O. Box 1072  
Lynnfield, MA 01940
2. Include an official transcript of grades received during high school.
3. Cover letters and letters of recommendation are not required, but will be taken into consideration if provided.
4. Completed application package must be received by April 15<sup>th</sup>.

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**JOHN CALDER  
MEMORIAL SCHOLARSHIP**

**PERSONAL APPLICATION**

All information contained herein is held strictly confidential. See reverse for additional information.

Full Name of Applicant \_\_\_\_\_ SS# \_\_\_\_\_

Home Address of Applicant \_\_\_\_\_ Tel# \_\_\_\_\_

Date and Place of Birth \_\_\_\_\_

High School Attending \_\_\_\_\_ Year of Graduation \_\_\_\_\_

College to Attend (or Colleges accepted to) \_\_\_\_\_

Father's Name and Home Address \_\_\_\_\_

Father's Occupation and Employer \_\_\_\_\_ No. of Years \_\_\_\_\_

Mother's Name and Home Address \_\_\_\_\_

Mother's Occupation and Employer \_\_\_\_\_ No. of Years \_\_\_\_\_

List Name and Age of Siblings, and College Attending, if applicable \_\_\_\_\_

Applicant's Employer \_\_\_\_\_

Previous Employment, if any \_\_\_\_\_

Record of participation in extra curricular activities (school, community, religious, sports), as well as any honors and awards received or positions of leadership held:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name any Scholarships, Gov't or Foundation Grants or Loans already awarded or anticipated, including amounts.

\_\_\_\_\_

I also grant authorization for the release of any and all academic records pertaining to me to the JOHN CALDER MEMORIAL SCHOLARSHIP. I certify by my signature that the above information provided by me is correct to the best of my knowledge.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(required if applicant is under 18 years of age)