

**Application (First-Time) For Scholarship Grant To ESTHER H. HAWKS TRUST**

The Trustees of the Esther H. Hawks Trust require the following information in order to determine eligibility of each Applicant for educational financial aid. *Please complete all items. Attach both:*

(a) Transcript, and

(b) copy of all pages of U.S. Dept. of Education's Student Aid Report (SAR) which includes your Expected Family Contribution (EFC).

**SEND** completed Application (with Transcript and SAR) to the Trustees, c/o Charles L. Newhall, P.O. Box 2056, Salem, MA 01970 for receipt by the **MAY 15 deadline for Trustee receipt**.

*NOTE: No Trustee (nor family member of any Trustee) of the Esther H Hawks Trust is eligible. The Trust, in making grants, does not discriminate on the basis of race, color, creed, gender, sexual orientation, handicap, or national or ethnic origin. Applications for (up to three) renewal of grants, and first-time applications from Lynn residents in their senior high school year, for full-time study at American colleges, have usually been given preference. Applicants with earned income may be favored. Awards are conditioned on high school graduation. The number and amount of first-time awards varies from year to year and from grantee to grantee (in recent years, out of 30 to 50 total grants, there were 10 to 20 first-time grants, with an average grant of about \$2,000 to \$2,500 each). Awards are usually announced by mid June and paid (direct to the college) in July or early August. Awards are need-based but consider achievement, vary between awardees, do not exceed tuition and fees, or a level set annually by the trustees.*

**Complete BOTH Sides**

**I. GENERAL**

Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
First Name Middle Initial (or Name) Last/Family Name Suffix ("Jr.", etc.) Area Number

Home Phone: (\_\_\_\_) \_\_\_\_\_  
Area Number

Home (Mail) Address: \_\_\_\_\_  
Number Street Apt. City State Zip

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex [M/F]: \_\_\_\_  
rrun dd yyyy City State Country (if not USA)

Social Security Number: XXX - XX - \_\_\_\_\_ E-mail: \_\_\_\_\_  
Last 4 Digits

Father's Name: \_\_\_\_\_ Living? [Y/N] \_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Living? [Y/N] \_\_\_\_ Occupation: \_\_\_\_\_

Are You Married? [Y/N] \_\_\_\_ If so, (a) Name of Spouse: \_\_\_\_\_ (b) Is Spouse Full-time Student? [Y/N] \_\_\_\_ (c) Spouse Occupation: \_\_\_\_\_ Number and Ages of Your Children: \_\_\_\_\_

Number and Ages of Your Brothers and Sisters: \_\_\_\_\_ Number of Same in College in Coming Year: \_\_\_\_\_

What are Your Interests Outside of School? \_\_\_\_\_

Names and Addresses of Two Persons (not teachers) From Whom Information About You May Be Obtained: \_\_\_\_\_

**2. HIGH SCHOOL**

High School Attended: \_\_\_\_\_ Cum. Grade Avg.: \_\_\_\_\_

Year You Did/Will Graduate from High School: 20\_\_\_\_ Are You Now in High School? [Y/N] \_\_\_\_

Is (required) Transcript of High School Record Attached? [Y/N] \_\_\_\_

Name of School Guidance Counselor: \_\_\_\_\_

Test Scores: (a) SAT (preferred) - (i) CR \_\_\_\_ (ii) Math \_\_\_\_ (iii) Writing \_\_\_\_ (iv) MC \_\_\_\_ (v) Essay \_\_\_\_  
or (b) [if you did not take the SAT] Other [specify name of test]: \_\_\_\_\_ Score- \_\_\_\_\_

**3. OTHER SCHOOL** [Complete this Section 3 If You Are **NOT** Now in High School but Are in School/College]

- (a) Name of School/College \_\_\_\_\_
- (b) Cum. Grade Avg.: \_\_\_\_\_ (c) Is (required) School/College Transcript of Record Attached? [Y/N] \_\_\_\_\_
- (d) What have you been Doing Since You Left High School? \_\_\_\_\_

**4. COLLEGE**

What College(s) Has (Have) Admitted You? \_\_\_\_\_  
If admitted to more than one, College You Will Attend: \_\_\_\_\_  
College Bursar's Address (for mailing any grant check to it): \_\_\_\_\_  
\_\_\_\_\_  
Will You Be a Full-Time Student? [Y/N] \_\_\_\_\_ For What Degree? \_\_\_\_\_. Field: \_\_\_\_\_  
Number of College Years Usually Required to Obtain Degree: \_\_\_\_\_ Year Degree Expected: 20 \_\_\_\_\_

**5. FINANCIAL** [see FAF or FFS for guidelines]

Are (required) all pages of the **SAR** attached? [Y/N] \_\_\_\_\_  
Will you be living at home during the college terms? [Y/N] \_\_\_\_\_

<u>Estimated College Expenses For the Coming</u>	<u>Per SAR (attached): [SAR Q# may change]</u>
<u>Year:</u> College Name: _____	Your Adjusted Gross Income (AGI)
Tuition and Fees: \$ _____	(SAR Q35): _____
Books and Supplies: \$ _____	Your Earned Income (SAR Q38): _____
Room and Board: \$ _____	Your Parents AGI (SAR Q83): _____
Other: \$ _____	<b><u>EFC (Expected Family Contribution):</u></b> _____
<b>TOTAL:</b> \$ _____	

For What Other Financial Aid Are You Applying? \_\_\_\_\_

**6. ADDITIONAL COMMENTS** (Use additional sheet if needed)

**7. SIGNED**

Date: \_\_\_\_\_, 20\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**8. SEND** completed Application (with Transcript and SAR) to the Trustees, c/o Charles L. Newhall, P.O. Box 2056, Salem, MA 01970 for receipt by the **May 15** deadline.