

**EASTERN BANK, TRUSTEE  
FLORA T. BLANCHARD SCHOLARSHIP TRUST  
REQUIREMENTS**

The scholarship application package must be submitted to the Eastern Bank, Trustee for the Flora T. Blanchard Scholarship Trust, 605 Broadway (LF41), Saugus, MA 01906, postmarked on or before April 28, 2019.

The scholarship application package **must** include:

1. A completed Scholarship Application Form **(for students attending Harvard University).**
2. A completed Financial Disclosure Form.
3. An official High School Transcript, including grades through the first semester of the senior year.
4. A short, concise essay written by the applicant addressing his/her academic, career, and life goals.
5. Two letters of recommendation commenting on the applicant's school and community involvement.
6. A copy of the Financial Aid Award Package from the college or university the applicant is planning to attend.
7. A current FAFSA.

Please direct any inquiries, correspondence, and submission of the applications to:

Christine A. Drew, CTFA  
Vice President  
Eastern Bank  
605 Broadway (LF41)  
Saugus, MA 01906  
781-581-4292  
[C.Drew@EasternBank.com](mailto:C.Drew@EasternBank.com)

Policies and procedures for awarding of scholarships are exercised in accordance with the provisions under the Flora T. Blanchard Scholarship Trust.

**Please note:** The scholarship application and the financial disclosure forms **must** be completed in full before submitted to the trustee. Failure to complete these and failure to submit the other required documents **will** result in disqualification.

**EASTERN BANK, TRUSTEE  
605 Broadway (LF41), Saugus, MA 01906**

**FLORA T. BLANCHARD SCHOLARSHIP TRUST  
APPLICATION FORM**

**This scholarship application must be completed in full.  
Otherwise, it will NOT be taken into consideration.  
If any question is not applicable, please so indicate.**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

NAME OF FATHER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

NAME OF MOTHER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

HIGH SCHOOL(S) ATTENDED: \_\_\_\_\_

NAME OF COLLEGE OR UNIVERSITY YOU WILL BE ATTENDING:

\_\_\_\_\_

MAJOR: \_\_\_\_\_ YEARS TO COMPLETE: \_\_\_\_\_

TUITION PER YEAR: \_\_\_\_\_ ROOM AND BOARD: \_\_\_\_\_

OTHER COSTS (PLEASE SPECIFY): \_\_\_\_\_

LIST OTHER SCHOLARSHIPS AWARDED OR TO WHICH YOU HAVE APPLIED.  
SPECIFY AMOUNT(S) AWARDED:

\_\_\_\_\_

\_\_\_\_\_

ARE YOUR PARENTS CONTRIBUTING TO YOUR COSTS? \_\_\_\_\_

IF YES, TO WHAT EXTENT: \_\_\_\_\_

IF YOU ARE RECEIVING FINANCIAL AID, LIST SOURCES, AMOUNTS AND

BREAKDOWN (i.e. grant, work study, loan): \_\_\_\_\_

\_\_\_\_\_

*(Note: You **must** attach a copy of your school's Financial Aid Award Package)*

HOW WILL THE BALANCE OF YOUR EXPENSES BE FINANCED? \_\_\_\_\_

\_\_\_\_\_

IF WORKING, BRIEFLY DESCRIBE YOUR JOB AND NOTE INCOME EARNED:

\_\_\_\_\_

\_\_\_\_\_

LIST SCHOOL AND COMMUNITY ACTIVITIES AND PERSONAL INTERESTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LIST ALL SIBLINGS AT HOME. INDICATE THEIR AGES AND SCHOOLS ATTENDING:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

EASTERN BANK, TRUSTEE  
605 Broadway (LF41), Saugus, MA 01906

FLORA T. BLANCHARD SCHOLARSHIP TRUST  
**FINANCIAL DISCLOSURE FORM**

**This disclosure form must be completed in full!**  
**Otherwise, your application will NOT be taken into consideration.**  
**If any question is not applicable, please so indicate.**

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADJUSTED GROSS INCOME OF PARENT(S) OR GUARDIAN(S) - from Federal  
Income Tax Return: \_\_\_\_\_ Indicate year: \_\_\_\_\_

**FINANCIAL STATEMENT OF PARENT(S) OR GUARDIAN(S):**

ASSETS:	Bank accounts	_____	
	Securities (market value)	_____	
	Principal residence (assessed value)	_____	
	Other real estate (assessed value)	_____	
	Business Interests	_____	
	Other	_____	
	TOTAL ASSETS		_____

LIABILITIES:	Loans and obligations	_____	
	Mortgage/rent	_____	
	Other mortgages	_____	
	Other	_____	
	TOTAL LIABILITIES		_____

**LIST NAMES OF OTHER FAMILY MEMBERS FOR WHICH TUITION IS BEING PAID.  
INCLUDE RELATIONSHIP TO APPLICANT, AGE, AMOUNT PAID, AND SCHOOL  
ATTENDING:**

\_\_\_\_\_  
\_\_\_\_\_

OTHER EXTENUATING CIRCUMSTANCES: \_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN