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).


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

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