

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_

## The "Yes She Will" Scholarship

- Up to \$5,000.00 for two years to support the cost of tuition for female graduating seniors who are pursuing a two-year degree, with preference for but not limited to, fields of study in Healthcare (i.e., nursing, lab technician, dental technician etc.), Education, Biotechnology, Computer Networking/Programming, and Engineering.
- The scholarship is equally available to female students pursuing career focused education at a trade school or pursuing a credited certificate program.
- Intended for low-income female students who would otherwise not be able to attend community college were it not for this scholarship.
- The renewal would be based on maintaining a minimum of a B- average and providing ECCF with the transcript.

### Application Requirements:

- (1) Complete this application by legibly printing/typing in blue or black ink. If you're able to print, complete, scan and save the application, then do so. Otherwise, open the WORD document, erase the underlined areas, type in the necessary information, and save it. Please do not type more than fits the allotted area.
- (2) Attach copies of Financial Aid Award Letter/Email and Fall 2026 bill (if available)
- (3) Attach the first page of your FAFSA Submission Summary if you completed the FAFSA; if you could not complete the FAFSA, you CAN still apply without this requirement
- (4) Answer the following essay question in a less than 250 words, double-spaced response: From Your Heart: In very few words, do you have a passion or anything else you would like us to know about you? Please describe it simply and from your heart.
- (5) In only ONE email to your guidance counselor, email this application and all above requirements by 8:00 AM, Wed., April 15, 2026. Your guidance counselor will complete the evaluation on the last page upon receiving. Your guidance counselor will also attach a transcript with at least 1<sup>st</sup>& 2<sup>nd</sup>.

Father's Job Title: \_\_\_\_\_ Mother's Job Title: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Mother's Employer: \_\_\_\_\_

Father's Income: \$ \_\_\_\_\_ Mother's Income: \$ \_\_\_\_\_

**Mother's & Father's Total Income = \$ \_\_\_\_\_**

Elementary School: \_\_\_\_\_

Middle School: \_\_\_\_\_

Sibling: \_\_\_\_\_ Age: \_\_\_\_\_ School / Employer: \_\_\_\_\_

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Sibling: \_\_\_\_\_ Age: \_\_\_\_\_ School / Employer: \_\_\_\_\_

Major You Will Pursue (Write "Undeclared" If You Do Not Know): \_\_\_\_\_

Is either of your parents a military veteran or current member of the military? \_\_\_ Yes \_\_\_ No

Is either of your parents a member of a veteran's organization? \_\_\_ Yes \_\_\_ No

If "Yes," which organization(s)? \_\_\_\_\_

## Extracurricular Activities

Name of Activity	9	10	11	12	Officer / Captain Position

<b>Honors, Prizes, Awards</b>
<b>Membership in Non-School Clubs, Teams, Organizations ( Include Parents' Memberships )</b>
<b>Special Skills, Hobbies, Talents, Summer Study Programs</b>
<b>Work Experience &amp; Community Service</b>

**Student's Cell Phone:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ **Student's Email:**

**REMINDER:** Send the application and all supporting documents in ONE email to YOUR high school guidance counselor by 8:00 AM, Wednesday, April 15, 2026.

# Scholarship Guidance Counselor Evaluation Form

**Student Applicant's Name:**

**Guidance Counselor:**

\_\_\_ Kara Baletsa, [baletsak@lynnschools.org](mailto:baletsak@lynnschools.org), 781-477-7361, x-3433

\_\_\_ Kevin Benecke, [beneckeke@lynnschools.org](mailto:beneckeke@lynnschools.org), 781-477-7361, x-3434

\_\_\_ Cyndil Flamer, [flamerc@lynnschools.org](mailto:flamerc@lynnschools.org), 781-477-7361, x-3445

\_\_\_ Flora Hart, [hartf@lynnschools.org](mailto:hartf@lynnschools.org), 781-477-7361, x-3478

\_\_\_ Nicole Merz, [merzn@lynnschools.org](mailto:merzn@lynnschools.org), 781-477-7361, x-3443

\_\_\_ Madison Molea, [moleam@lynnschools.org](mailto:moleam@lynnschools.org), 781-477-7361, x-3428

\_\_\_ Matthew Wilkins, [wilkinism@lynnschools.org](mailto:wilkinism@lynnschools.org), 781-477-7361, x-3431

**Relationship to Applicant: Guidance Counselor**

**How Long Have You Known Applicant:** \_\_\_ 1 year \_\_\_ 2 years \_\_\_ 3 years \_\_\_ 4 years

**Phone Number: 781-477-7361**

	No Knowledge	Poor	Average	Above Average	Exceptional
Independent Worker					
Intellectual Ability					
Efficient Work Habits					
Leadership Skills					
Teamwork Skills					
Work Ethic					
Concern For Others					
Dependability					
Eager To Learn					
Integrity					
Motivation					
Potential For Growth					
Self-Confidence					