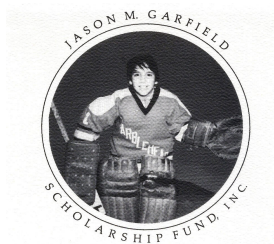


Jason M. Garfield Scholarship Fund, Inc.

P.O. Box 206 • Marblehead, MA 01945-0206



SCHOLARSHIP APPLICATION

www.jasongarfieldfund.org

Name	
Address	
E-Mail	
Date of Birth	
Parent(s)/Guardian	
Occupation of Father	
Occupation of Mother	

Siblings (Name)	Ages	School Currently Attending

Name of the College/University you plan on attending:	
Estimated Comprehensive Cost per Year:	
Have you filed a financial aid form with the College Scholarship Service? Please state what you have been granted (to date) for scholarships and financial aid:	

THE FOLLOWING ITEMS ARE REQUIRED AS PART OF THIS APPLICATION.
PLEASE NOTE THAT INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

1. Applicant's transcript
2. A Letter of Recommendation from a faculty member who has the applicant for a major subject.
3. A Letter of Recommendation from your parent(s) or legal guardian.
4. An essay, in your own words, advising the selection committee of the following:
 - a) Why you would like to receive this four (4) year scholarship
 - b) The career path that you expect to pursue
 - c) The reasons for your choice of college/university that you are attending.
5. A list of all your activities both in school and outside of school, all honors and special citations you've received.
6. Please describe any special circumstances or hardships that may warrant additional consideration.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____