

Esther H. Hawks Scholarship Application Form

First Time Applicants

Academic Year 2020-2021

Deadline: All Application Materials Must Be Emailed or Postmarked by May 15, 2020

Information and Instructions

The Trustees of the Esther H. Hawks Trust welcome your application for aid. We require the following information in order to determine the eligibility of each Applicant for educational financial aid. Please complete all items (Parts I-VI) requested on this application.

A completed application for a scholarship must include:

1. This scholarship application form and any additional materials you wish to include
2. Your current academic transcript
3. A copy of ALL pages of the US Department of Education's Student Aid Report (SAR) which includes your Expected Family Contribution (EFC).

Return your completed application, emailed or postmarked by the deadline date, to:

HawksTrust@gmail.com

**Trustees
C/O Charles L. Newhall
PO Box 2056
Salem, MA 01970**

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 30-50 total grants, there were 10-20 first-time grants, with an average grant of about \$3000 each. Awards are usually announced by mid-June and paid directly to the college thereafter. Awards are need-based but consider achievement, vary between awardees, do not exceed tuition and fees, or a level set annually by the Trustees.

Part I: Applicant Information

1. First and Last Name:
2. Date of Birth: Place of Birth:
3. Social Security Number (last 4 digits only):
4. Sex: Male Female Non-Binary
5. Email Address:

6. Telephone Contact:
7. Residential Home Address:
8. Mother's Name:
 - a. Is your mother living? YES NO
 - b. What is your mother's occupation?
9. Father's Name:
 - a. Is your father living? YES NO
 - b. What is your father's occupation?
10. Do you have siblings? YES NO
 - a. Number and ages of your siblings:
 - b. How many of your siblings will be attending college full-time this year?
11. Are you married? YES NO
 - a. Name of spouse:
 - b. Is spouse a full-time student? YES NO
 - c. Number and ages of your children:

Part II: High School Information

1. Is your current transcript attached? YES NO
2. Name of high school you attend/attended:
3. Year of graduation from this school:
 - a. If you graduated prior to this year, describe your activities since then.
4. List other school(s) if you attended more than one high school:
5. Current cumulative grade average (GPA):
6. SAT and/or ACT Test Scores:
7. Name of your School Guidance Counselor:

Part III: College Information

1. List the colleges to which you have been admitted:
2. What college do you plan to attend?
3. Will you be a full-time student? YES NO
4. What field(s) of study do you plan to pursue?
5. What degree do you seek?
6. What year do you plan to graduate?

Part IV: Financial Information (see FAF or FFS for guidelines)

1. Are all pages of the SAR attached? YES NO
2. Will you be living at home during your college attendance? YES NO
3. College Bursar's Address (for the mailing of a grant check if you are awarded a scholarship):
4. Estimated College Expenses for 2019-2020
 - a. College Name:
 - b. Tuition and Fees:
 - c. Books and Supplies:
 - d. Room and Board:
 - e. Other expenses (specify):
 - f. TOTAL:
5. Per attached SAR (SAR Q# may change):
 - a. Your Adjusted Gross Income (AGI) SAR Q 35:
 - b. Your Earned Income SAR Q 38:
 - c. Your Parent(s)' Adjusted Gross Income (AGI) SAR Q 83:
 - d. Expected Family Contribution (EFC):
6. For what other aid are you applying? Please include scholarships, grants, and loans:

Part V: Other Information

1. Provide the names and contact information for two adults (NOT your teachers) from whom information about you may be obtained.

2. Describe the activities and interests you pursue outside of the academic day.

3. In this space, or on a separate sheet, share with the Trustees any information you feel would assist in supporting your application for an Esther H. Hawks Scholarship.

Part VI: Signature

Your Signature: _____

Date: _____