

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

REBECCA BYCHOWER 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

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REBECCA BYCHOWER 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