

**TOWN OF BELMONT
EDUCATION SCHOLARSHIP COMMITTEE**

RECEIVED
TOWN CLERK
BELMONT, MA

Minutes: Monday, February 26, 2018—Town Hall Conference Room 1, 4:00 PM
Present: Members Leslie Aitken, Wega Firenze, Emily Walsh, Floyd Carman ex-officio member and Tom Brow ex-officio member
Absent: Julie Crockett, June Yacubian, Mary McCormick

The meeting was called to order at 4:00 PM.

DISCUSSION ITEMS:

- Review FY2017 Annual Report
- Scholarship Application and Parent Contribution Questionnaire

THE COMMITTEE VOTED TO APPROVE THE FOLLOWING:

- Formula to calculate scholarship pool:
The FY17 pool is \$7,204
- Number of awards and size:
There will be seven Scholarship Awards
There will be two Helen Fennick Book Awards \$100 each.
- Future Committee Meetings:
Third 4-23-2018
Fourth 4-30-2018
- BHS Awards 6-1-2018 (9:00am-12:00pm)

To Do:

- Floyd follow up with Tom/Sherri regarding number of applications received.

The next meeting is scheduled for March 26, 2018 at 4:00 PM.

Respectfully submitted,

Floyd S. Carman

Attachments (2):

- FY2017 Educational Scholarship Committee Annual Report
- Scholarship Application

EDUCATION SCHOLARSHIP COMMITTEE
Fiscal Year 2017

The members of the Education Scholarship Committee are Leslie Aitken, Sherri Turner, Wega Firenze, Julie Crockett, Mary McCormick, June Yacubian and Town Treasurer Floyd S. Carman.

The Belmont Education Scholarship Committee was established under MGL 60 §3C by the April 1995 Town Meeting. The Education Scholarship Committee awards scholarships to residents of Belmont who are pursuing higher education. Awards are based on the applicants' financial need, academic achievement, community involvement and school activities. The Committee also makes an annual award to the Belmont Public Schools. Funding is provided by Belmont Taxpayer's contributions to the voluntary Education and Scholarship check-offs on Belmont's real estate, personal property and motor vehicle excise tax bills.

The 2017 Town of Belmont Scholarship was awarded to the following recipients totaling \$10,000. Checks were mailed on 12/07/2017 to be applied to the recipient's second semester.

Recipient	College/University	City and State	Award Amount
Su Jing Chen	Case Western Reserve University	Cleveland, OH	1,000.00
Aisling Madden	Mass College of Art & Design	Boston, MA	1,000.00
Francesca Mei	Northeastern University	Boston, MA	1,000.00
Noah Riley	Boston University	Boston, MA	1,000.00
Bo Lan	Tufts University	Medford, MA	1,000.00
Judy Li	Dartmouth College	Hanover, NH	1,000.00
Ava Madden	UMass Boston	Boston, MA	1,000.00
Xinyi Zhang	University of Toronto	Toronto, Canada	1,000.00
Eleanor Thidemann	Simmons College	Boston, MA	1,000.00
Anna Brooks	Mass Bay Community College	Framingham, MA	1,000.00

Activity Report for the Town of Belmont Scholarship Check-Off Fund for Fiscal Year 2017

Opening Balance 7/1/16	\$295,496	
Plus Tax Check-Off Donations	1,542] 7,204 -
Plus Income Earned	5,662	
Less Scholarship 2016/mailed December 2016(FY17)	(5,400)	
Less Helen Finnicks Book Award	(500)	
Closing Balance 6/30/2017	\$296,800	

In Fiscal Year 2017, sixty-four residents contributed to the Town of Belmont Scholarship Check-Off Program.

Activity Report for the Town of Belmont Education Check-Off Fund for Fiscal Year 2017

Opening Balance 7/1/16	\$73,680
Plus Tax Check-Off Donations	4,202
Plus Income Earned	1,428
Closing Balance 6/30/2016	\$79,310

In Fiscal Year 2017, sixty-seven residents contributed to the Town of Belmont Education Check-Off Program.

Respectfully submitted,
Floyd S. Carman, Town Treasurer



TO THE APPLICANT:

The Town of Belmont Education Scholarship is made possible by Taxpayers' check-off contributions and private donations earmark for general scholarship purposes. Scholarships are awarded on financial need, academic performance (unweighted GPA), and extracurricular activities including community services, school groups and clubs. Applications will be scored by an independent 3rd party, and evaluated by the Town of Belmont Education Scholarship Committee.

Please complete pages 2 through 3 of this application along with the Parent Contribution Questionnaire (PCQ) The Town reserves the right to see an applicant's parent's tax return if necessary. Your Guidance Counselor will fill out page 4, the Applicant Appraisal form. Please note that a school or college counselor or teacher can fill out the Applicant Appraisal. If you are not a High School senior or attending college, you may select an employer, member of the clergy, a job supervisor, or any other person who is in a position to evaluate you according to the criteria.

- **Belmont High School Senior (Belmont Residents Only)**, please return the completed application along with the Applicant Appraisal and the PCQ to the Belmont High School Guidance Office.
- **For Town residents**, please return the completed application, along with the Applicant Appraisal and the FAQ to the **Town of Belmont, Treasurer Department, PO Box 56, Belmont, Ma, 02478.**

ELIGIBILITY: This scholarship is open to ALL legal residents of the Town of Belmont. Applicants must be presently attending or have received acceptance to attend an accredited educational institution beyond high school level prior to the time for payment of scholarship award.

Date: ~~Filing Deadline for applying is Monday, March 12, 2018~~

Applicant's Signature _____ Date _____

Parent Signature (If student is less than 18 years old) _____ Date _____

ID #

AWARD AMOUNT

PLEASE PRINT OR TYPE

APPLICANT DATA

Mr. ☐ _____
 Ms. ☐ Name (Last) (First) (MI) Social Security Number (Optional)

Permanent Address (Street) (City) (State) (Zip)

Date of Birth (month, day, year) () Telephone Number E-Mail Address

Name of parent/guardian _____

Permanent mailing address of parent/
guardian if different from applicant

(Street) (City) (State) (Zip)

()
Telephone Number

SCHOOL DATA

High School Attended _____ Graduation Date: Month _____ Year _____

Address (Street) (City) (State) (Zip) ()
Telephone Number

Name of High School Principal _____

Name of postsecondary school for which applicant's scholarship is requested:

4-year College/University ☐ Vo-Tech ☐

Community College ☐ Other ☐

Accredited? Yes ☐ No ☐

Address (City) (State) (Zip)

Year in postsecondary program during coming school year: Undergraduate 1 2 3 4 5 or Graduate 6

Student will: ☐ Live on campus ☐ Live off campus ☐ commute

Enrolled: ☐ less than half-time ☐ half-time or more ☐ full-time

Anticipated date of graduation from postsecondary program _____
(month) (year)

Major field of study applicant plans to pursue _____

DEMOGRAPHIC DATA (optional)

Please Check All that Apply:

☐ African American/Black ☐ Asian/Pacific Islander ☐ Hispanic/Latino ☐ American Indian/Alaska Native

☐ White/Caucasian ☐ Other (Please Specify) _____

OTHER AWARDS

Please list below the names and amounts of any grants or scholarships that you have been awarded for the coming school year.

Name of Award	Amount	Granted	Pending

PERSONAL DATA

Describe your work experience during the **past 4 years**. Indicate dates of employment in each job and approximate number of hours worked each week.

Position	Date From (mo/yr)	Date To (mo/yr)	Hours Per Week

List all school activities in which you have participated during the **past 4 years** (e.g., student government, music, sports, etc.) List all community activities in which you have participated without pay during the **past 4 years** (e.g., Red Cross, church work, volunteer work). Indicate all special awards and honors.

Activity	No. of Years Partic.	Special Awards, Honors, Offices Held	Activity	No. of Years Partic.	Special Awards, Honors, Offices Held

Make a statement of your plans as they relate to your educational and career objectives and future goals.

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

APPLICANT APPRAISAL (REQUIRED)

To be completed by a high school or college counselor or advisor, an instructor, or a supervisor.

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return to applicant or photocopy this section and return to applicant in a sealed envelope.

The applicant's choice of a postsecondary education program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments (Do not name student) _____

Appraiser's Signature _____ Date _____ Title _____ Telephone Number _____

Appraiser's Business Address (Street) _____ (City) _____ (State) _____ (Zip) _____

TRANSCRIPT INFORMATION

1. High school seniors and students who have completed less than one full semester of postsecondary education must include a high school transcript of grades and have the following section completed by the appropriate school official.
2. Students currently enrolled in college or vocational-technical school must include recent college or vo-tech transcript of grades. (Completion of the following section is not necessary.)

Cumulative grade point average _____ /4.0 scale

SAT Critical Reading _____ Math _____ Writing _____ ACT Composite _____

School Official's Signature _____ Date _____ Title _____ Telephone Number _____

School Address (Street) _____ (City) _____ (State) _____ (Zip) _____

APPLICATION CHECKLIST

This application for student aid becomes complete only when you have returned the following materials (Two first-class stamps are required for mailing.)

- ☐ Application
- ☐ All required signatures
- ☐ Current Transcript of Grades
- ☐ Application Deadline: _____

For BHS seniors return application to: **Belmont High School Guidance Office**

For all others return application to: **Town of Belmont, PO Box 56, Belmont, MA 02478**

PARENT CONTRIBUTION QUESTIONNAIRE (PCQ)
For 2018-2019 School Year

Town of Belmont Education Scholarship

*See reverse side for instructions to assist in completing this form

A. STUDENT INFORMATION – please print

☐ Mr. ☐ Ms. **STUDENT** Last Name: _____ First Name: _____ MI: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: (____) _____ Email Address: _____

Note: The PCQ should be completed using the parent's financial information (Section B)

B. PARENTS' INCOME, EXPENSE, AND ASSET DATA (FOR THE YEAR JANUARY 1, 2017 TO DECEMBER 31, 2017)

The applicant's parent(s) must complete the following section. **NOTE:** If legally classified as an independent student, use this section to supply your (and your spouse's, if any) financial information. Indicate whether the information is from:

☐ Estimates based on current income information to be filed by April 17, 2018

☐ A completed tax return - IRS Form 1040 filing date of April 17, 2018

1. State of Residence _____

2. Adjusted gross income (IRS Form 1040) \$ _____

3. Total federal tax paid (IRS Form 1040) \$ _____

4. Total income of father or self if independent student \$ _____

Total income of mother \$ _____

5. Yearly untaxed income and benefits: Please indicate source - ☐ Social Security ☐ AFDC

☐ Child Support ☐ Other \$ _____

6. Medical/Dental expenses not paid by insurance (exclude premiums) \$ _____

7. Total cash, checking, savings, cash value of stocks, etc. (exclude retirement plan funds, IRA, 401(k), 403(b), etc.) \$ _____

8. Total number of family members living in the household and primarily supported by the reported income # _____

9. Marital status of parent/legal guardian or independent student's current marital status is (check one):

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

10. Total number of family members attending a postsecondary school at least half-time during The 2018-2019 school year, including applicant – do not include parents in this number # _____

C. CERTIFICATION AND SIGNATURES

CERTIFICATION: All information on this form is true and complete to the best of my (our) knowledge. If asked by the the Belmont Education Scholarship, I (we) agree to give proof of the information that I (we) have given on this form.

Applicant's Signature _____

Parent's Signature ☐ Father ☐ Mother
(Not required for independent student)

Do you have legal custody of the student? ☐ Yes ☐ No

Is the student your dependent? ☐ Yes ☐ No

Instructions for Completing the Parent Contribution Questionnaire (PCQ)

- A. STUDENT INFORMATION: The scholarship applicant's name should appear on the first line on the SPCQ; however, the questionnaire must be completed by the parents of the applicant. An exception is if the applicant is legally classified as an independent student. The independent student must supply his/her (and spouse, if any) financial information.
- B. PARENTS' INCOME, EXPENSE AND ASSET DATA: Information on this form must be from the parents' completed tax return or based on estimated information to be filed by **April 17, 2018**. Be sure to check the appropriate box.
1. **State of Residence** is the state where the parent(s)/independent student reside and pay state income tax.
 2. **Adjusted Gross Income** can be found on IRS FORM 1040 and is gross income increased or reduced by specific adjustments specified by law.
 3. **Total Federal Tax Paid** includes the total amount of **federal** income tax to be paid as reported on IRS Form 1040. This is **not** the amount withheld from employee's paychecks. (The amount withheld should be adjusted by any refund or additional taxes due.) Do **not** report state income tax.
 4. **Total Income of Parent(s)** should be reported individually. Provide information for both natural parents, when possible. **If the student resides with only one parent**, financial information **must** be received from the parent who claims the child as a dependent for tax purposes. If a parent has remarried, the spouse's information is required if the spouse is a legal guardian of the student, or claims the student as a dependent, or the student is included in the spouse's benefit plan. **If necessary, two Suggested Parent Contribution Questionnaires may be submitted by the student** (make copy of form as necessary).
 5. **Untaxed Income and Benefits** include any other income or benefits not included in the adjusted gross income figure. Do not include untaxed contributions to retirement plans.
 6. **Medical and Dental Expenses** include only those expenses **not** paid by insurance. Do not include premium payments.
 7. **Total Cash, Checking, Savings, Cash Value of Stocks, etc.**, include liquid assets that can be used for educational expenses. **Do not include** IRA, 401K, or other retirement plan funds.
 8. **Total Number of Family Members** living in the household and primarily supported by the reported income – includes dependent college students living away from home.
 9. **Marital Status** is the current status of the person from whom the financial information is submitted.
 10. **Total Number of Family Members Attending Postsecondary School** includes family members attending a two- or four-year college, university, or vocational-technical school at least half-time. Be sure to include the applicant in this number; however, do **not** include parents even if they are attending school.
- C. CERTIFICATION AND SIGNATURES: Both the student and the parent completing the SPCQ must sign this form. Parent's signature is not required for an independent student. Please read the Certification box.