**When you have decided which college, university, or post-secondary institution you will be attending, complete and mail this form with a copy of your Financial Aid Award letter, if any, to:**

**CSF of Bedford Dollars for Scholars**

**P.O. Box 585**

**Bedford, MA 01730**

**THIS MUST BE POSTMARKED BY MAY 3, 2019**

**YOUR APPLICATION IS NOT COMPLETE UNTIL THIS FORM IS RECEIVED**

***Without this form AND the FAFSA Expected Family Contribution Amount (entered in the Financial Information Section of your Scholarship America online application), any scholarship amount will be nominal.***

Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  *(Last) (First) (MI)*

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have been accepted at and beginning (*Month and Year*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

will attend\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Name of school and location - City and State*)

This is a 4 yr college/university \_\_\_2 yr college \_\_\_Voc/Tech Post-Secondary School \_\_\_Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_

Will you live on campus? \_\_\_\_\_\_\_\_\_Off Campus but away from home? \_\_\_\_\_\_ At home & commute? \_\_\_\_\_\_\_\_\_\_\_\_

Will you be a full-time student? \_\_\_\_ Half-time? \_\_\_\_Less than half-time? (Describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If this is a state college/university, do you qualify for in-state tuition? Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

**Please attach a copy of your Financial Aid award letter which describes any aid that the school has awarded you.**

\_\_\_\_\_\_\_\_\_ I have attached a copy of the Financial Aid Award letter from my school.

\_\_\_\_\_\_\_\_\_ I have been awarded **NO** financial aid by this institution.

**Have you been awarded scholarships from sources other than your school? Do you have other funds earmarked for your college expenses such as savings or investments in your name, college savings plans (529 plans), or assistance from relatives?**

\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_ No

*(Please list amounts and sources of other scholarship or funds for your first year of college on the reverse side of this form.)*

Student’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **OTHER FUNDS**  |
| **SOURCE** *(scholarship, savings, etc.)* | **AMOUNT (first year of college only)** |
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