**INDIAN PONDS ASSOCIATION**

**EDWARD SCHWARM MEMORIAL SCHOLARSHIP APPLICATION**

This scholarship is in recognition of the late Edward Schwarm’s years of distinguished service to the Indian Ponds Association. His dedication as a board member and president actively contributed to the development, growth and progress of the IPA.

This award is open to graduating high school seniors and first year college students with preference given to a student who:

* Is pursuing an education or career in freshwater ecology or other environmental related studies
* Demonstrates passion and dedication to the Indian Ponds and/or local fresh water bodies
* Resides in Marstons Mills (not a mandatory requirement to apply)

The amount of this scholarship is $1500

Please submit the following:

1. Completed application
2. Two letters of recommendation from teacher, employer, coach, mentor, or other responsible adult (not parent or relative) attesting to your character or affirming your demonstration of community service, action, or accomplishment consistent with the mission of the Indian Ponds Association
3. A 500-word essay relating to the mission of the Indian Ponds Association and/or a written description or documentation of a community service, action, or accomplishment consistent with the mission of the Indian Ponds Association. The mission of the Indian Ponds Association, a 501 (c)(3) public charitable organization in Marstons Mills (www.indianponds.org), is *“to preserve and protect the natural environment and ecological systems of the Indian Ponds and surrounding parcels of lands and watershed [and to] participate in studies and work with other agencies, individuals, and groups to educate the public, serve the community, and promote ad preserve the Indian Ponds and surrounding areas.”*
4. Official high school transcript
5. Copy of acceptance letter, if applicable, from college/university/technical school
6. Additional applications and information available: www.indianponds.org
7. Mail completed application to:

Indian Ponds Association, P.O. Box 383, Marstons Mills, MA 02648 no later than April 1st

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weighted GPA: \_\_\_\_\_\_\_\_ SAT Total: \_\_\_\_\_\_\_\_\_ /1600 ACT Composite: \_\_\_\_\_\_\_\_\_ /36

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth City:\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your plans after college? (Use a separate sheet if needed)

How does the criterion of this scholarship match your background & experience? (Use separate sheet if needed)

Names of colleges to which you have applied:

1. 2. 3.

 4. 5. 6.

 7. 8. 9.

Names of colleges to which you have been accepted as of this date:

 1. 2. 3.

 4. 5. 6.

 7. 8. 9.

Please indicate your first three college choices.

1.

2.

3.

What other sources of money can you count on for this school year (Do not include loans):

• Estimated Parental Contribution? $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Estimated Student Contribution (your savings and earnings) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Other known financial aid (grants/awards/scholarships) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_

• Total Anticipated Financial Need? $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you completed the FAFSA? Yes \_\_\_ No \_\_\_

Father's or Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian’s occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother's Name or Guardian's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian’s occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of dependents in family (includes self and parents):

Total amount of money student owes to persons/organizations: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List family members that are attending college full time (include name, age and relationship to you)

List All School & Community:

Activities/Sports Honors/Prizes Leadership Role Grade

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

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List All Work Experience:

Employer Position Leadership Role Dates (from/to)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

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**IMPORTANT!!!!** In the space below, state why you are applying for financial aid. Tell us of any extenuating circumstances that may be helpful for the selection committee in determining financial aid need. **BE AS SPECIFIC AS POSSIBLE.**

I affirm that the above information is correct and that I wish to be considered for a scholarship to help fund post-secondary education expenses.

Date: \_\_\_\_\_\_\_\_ Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_