



MARY ALICE ARAKELIAN FOUNDATION

EST. 1967

THE MARY ALICE ARAKELIAN FOUNDATION SCHOLARSHIP

Awarded to a graduating Newburyport High School Senior

(Please type or use black ink and print clearly)

Student's Name: _____

Address: _____

Email address: _____

Date of Birth: _____ Cell phone number: _____

Grade Point Average: _____ Must have unweighted GPA of 3.25 or higher (please provide confirmation)

Part 1—to be completed by the Student

Name of School/College you plan to attend: _____

Intended course of study or career plans: _____

Educational expenses: Tuition: \$ _____

Room and Board: \$ _____

Travel: \$ _____

Books, materials, etc: \$ _____

Total: \$ _____

Your financial resources (total savings, checking, CDs, etc.): \$ _____

Do you work during the school year? _____ If YES, how many hours per week? _____

Amount you earned last summer: \$ _____

Do you own a car? _____ If YES, make, model and year _____

List the names and amounts of scholarships or grants that you have already received:

Essays:

- 1 In no more than one typewritten page please write a brief autobiographical statement. Outline your activities, interests and achievements in school and in the community. Which activity has been most important to you and why? Include a description of any unpaid work or volunteer activities.

- 2 In no more than two typewritten pages please answer two of the following questions:
 - a. What do you aspire to be and why?
 - b. What insights have you gained from a significant experience and how has it influenced your life?
 - c. Who do you consider to be an important role model in your life?
 - d. How will you be a role model?

Other requirements:

Please provide two letters of recommendation.

Signature of Applicant: _____ Date: _____

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Part 2—to be completed by Parent or Guardian

Father's or Guardian's Name: _____

Address (if different than applicant): _____

Occupation: _____

Mother's or Guardian's name: _____

Address (if different than applicant): _____

Occupation: _____

Names, ages and relationships of dependents to applicant:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe any unusual circumstances or financial expenses in your household or business in the past year or in recent years which might adversely affect your ability to pay for the applicant's educational expenses (example: employment layoff, extensive medical expenses for family member, etc.). Attach separate sheet if needed.

Please note that your child's application will not be considered without the following information.

1. Parent/Guardian EFC (expected family contribution) as determined by FAFSA (Free Application for Federal Student Aid) \$ _____ (please attach email from FAFSA).
2. Copy of pages 1 & 2 of both parent's Federal 1040 Income tax return.

*The information provided in this Application is reviewed by the Mary Alice Arakelian Foundation Scholarship Committee and is kept completely confidential. **Applications should be mailed directly to the Mary Alice Arakelian Foundation, c/o Mark Welch, President, PO Box 695, Newburyport, MA 01950 by April 1st.**