

**2016 LHS/MT APPLICATION FOR GEORGE O. SMITH SCHOLARSHIP for  
STUDENTS MAJORING IN PHYSICAL SCIENCES OR ENGINEERING  
DEADLINE FOR RETURN: April 18, 2016**

**Lexington Scholarship Awards Night ♦ June 7, 2016 ♦ 7:30 PM Cary Hall**

*Return application and accompanying materials to: LSF, 33 Oak St., Lexington, MA 02421*

Name of Student \_\_\_\_\_ Email \_\_\_\_\_ Cell phone \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

High School \_\_\_\_\_

**PART I – INFORMATION TO BE PROVIDED BY STUDENT**

I have been accepted at the following colleges: \_\_\_\_\_

I am on the Wait List at the following colleges: \_\_\_\_\_

I expect to attend \_\_\_\_\_ or possibly \_\_\_\_\_

**Cost to attend the following college(s):**

College Name	_____	_____	_____
Tuition and fees	\$ _____	\$ _____	\$ _____
Housing (if resident)	\$ _____	\$ _____	\$ _____
Meals (if resident)	\$ _____	\$ _____	\$ _____
Commuting (if non-resident)	\$ _____	\$ _____	\$ _____
Books	\$ _____	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____	\$ _____
<b>A: Total College Expenses</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

**Resources**

From college financial aid grant(s) and scholarships(s)	\$ _____	\$ _____	\$ _____
From college financial aid loan(s)	\$ _____	\$ _____	\$ _____
From college financial aid work study	\$ _____	\$ _____	\$ _____
From school year job	\$ _____	\$ _____	\$ _____
Anticipated summer earnings	\$ _____	\$ _____	\$ _____
From parent resources	\$ _____	\$ _____	\$ _____
From other sources (specify source and amount)	\$ _____	\$ _____	\$ _____
<b>B: Total resources</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

<b><u>Funds Needed (A minus B):</u></b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
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Please answer the following questions on a **separate sheet of paper:**

1. List other scholarships you have applied for.
2. What is your anticipated area of study in college?
3. List high school extra-curricular and community activities.
4. Describe all work experience, including dates.
5. List special awards or recognition received from school or community.

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

**NOTE: NO applications will be considered without parent IRS 1040 and student IRS 1040  
STUDENT BIRTH CERTIFICATE IS REQUIRED – MOTHER MUST HAVE BEEN  
LEXINGTON RESIDENT AT TIME OF APPLICANT'S BIRTH**

**For more information or forms, look for us on our web site: [www.lexscholarship.org](http://www.lexscholarship.org)**

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**PART II – FINANCIAL INFORMATION TO BE PROVIDED BY PARENTS OR GUARDIAN**

	Father or Guardian	Mother or Guardian
Name	_____	_____
Address	_____	_____
	_____	_____
Employer	_____	_____
Address	_____	_____
	_____	_____
Position held	_____	_____
Income, pre-tax	_____	_____

Tax appraisal of primary home \_\_\_\_\_ Unpaid mortgage \_\_\_\_\_

Value of 2<sup>nd</sup> home (if applicable) \_\_\_\_\_

Bank accounts:	Stocks & bonds & other assets (rental property)
Checking balance \$ _____	(market value) \$ _____
Savings balance \$ _____	Do you have a 529 account? \$ _____

Expected contribution to student from: Income \$ \_\_\_\_\_ Assets \$ \_\_\_\_\_

List current large expenses, debts or loans

Are there any unusual family circumstances or previous major expenses which should be considered when reviewing this application?

List all children and any other dependents				
Name	Age	School & Class or occupation	Amount parents have contributed toward college or special ed.	Amount parents have borrowed toward college or special ed.

INFORMATION CONTAINED IN THIS APPLICATION WILL BE TREATED AS CONFIDENTIAL.  
The foregoing statements are true to the best of my knowledge. I am unable to provide more funds than shown on Page 1 of this statement and I request financial aid.

Date \_\_\_\_\_ Signature of Parent(s) or Guardian \_\_\_\_\_

*\*\* If this student is awarded a scholarship, the student or a member of the family must attend the Awards Night to accept the award. \*\**

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