2024 LEXINGTON SCHOLARSHIP FUND APPLICATION

for the Joseph & Carole Stavenhagen Scholarship Fund for Graduate Level Studies

By completing and submitting the application on pages 2 through 4, you will be eligible for this **financial support** scholarship awarded by the Lexington Scholarship Committee for graduate level studies. You may re-apply for each graduate year (maximum of four years). If you are not selected as the recipient this year, you may still apply the following years.

To be considered for this scholarship, applications and accompanying paperwork must be received at the address below by April 16, 2024. The Awards Ceremony will be June 4, 2024 at 7:30pm in Isaac Harris Cary Memorial Hall.

General Requirements:

To be considered for the Joseph & Carole Stavenhagen Scholarship applicants must complete the following Lexington Scholarship Fund General Requirements:

General Requirements Checklist

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- □ Applicant 2023 IRS form 1040 Please XXXX out all social security numbers
- □ Financial Aid Award letter from graduate school
- □ Please provide a **brief** resume or summary of your work experience, internship(s), and any special awards or recognitions received from college or the community during undergraduate/graduate years.

RETURN COMPLETED APPLICATION AND ALL REQUIREMENTS BY APRIL 16, 2024

LEXINGTON SCHOLARSHIP FUND (LSF) 43 LOCUST AVENUE LEXINGTON, MA 02421-5818

Questions: please email lexscholarshipfund@gmail.com

LEXINGTON SCHOLARSHIP FUND APPLICATION FOR GRADUATE LEVEL STUDIES

(Please fill in PDF, print and mail or please handwrite legibly)

NAME:		
last name	firs	t name
HOME ADDRESS:		
CELL PHONE:	HOME PHONE:	
EMAIL ADDRESS:		(please use an email you check regularly)
HIGH SCHOOL ATTENDED:		_YEAR OF GRADUATION:
UNDERGRAD. SCHOOL ATTENDED:		YEAR OF GRADUATION:
GRADUATE SCHOOL :		
INTENDED MAJOR:		
AM A RISING (circle): First Year - Second Please briefly explain why you are app		· ·
2) Please write 2-3 sentences telling us at	bout yourself.	

EDUCATION COSTS & RESOURCES TO ATTEND GRADUATE SCHOOL

GRADUATE SCHOOL TO A	TTEND	
Tuition	<u>\$</u>	
Room & Board	<u>\$</u>	
Fees	<u>\$</u>	
Books	_ <u>\$</u>	
Other (specify)	(health insurance, travel, personal)	
A: TOTAL EXPENSES		
B: RESOURCES		
From Grad. School listed abo	ve for the upcoming year	
Grants & Scholarships	<u>\$</u>	
Financial Aid/Loans	<u>\$</u>	
Work Study	<u>\$</u>	
From Parents/Guardians/Relative	s_\$	
From Applicant	<u>\$</u>	
Other Resources (specify)	_\$	
B: TOTAL RESOURCES	\$	
C: DEFICIT (A minus B)	_\$	
Please list your school lo	ans to date: \$	
Student Signature:		Date:

APPLICANT FINANCIAL INFORMATION

Home address when not in Graduate School
Do you own, rent or stay rent-free? Monthly Rent \$ If you own this residence: Value of residence \$ Outstanding Mortgage \$
Address while in Graduate School (if different)
Do you own, rent or stay rent-free? Monthly Rent \$ If you own this residence: Value of residence \$ Outstanding Mortgage \$
Are you participating in Work Study? What kind of work?
Are you employed (not work study)? Occupation?
Applicant: Savings Balance \$ Checking Balance \$
Do you or parents/guardians have a 529 account? What is the balance of the account? \$ List largest expenses, debt, loans:
List financial hardships or circumstances, previous major expenses which should be considered:
INFORMATION IN THIS APPLICATION WILL BE CONFIDENTIAL. The foregoing statements are true to the bes of my knowledge. I am unable to provide more funds than shown on page 3 of this statement and I request Scholarship aid.
I have included in this application:
□ 2023 IRS form 1040 (Applicant) □ Financial Aid Award Letter □ Brief resume with work/internship experience, awards/recognition during undergraduate/graduate years