

# ***ATTLEBORO SCHOLARSHIP FOUNDATION, INC.***

---

## ***INTEREST-FREE LOAN APPLICATION***

***FIRST TIME APPLICANT – HIGH SCHOOL SENIOR***

***89 NORTH MAIN ST.  
P.O. BOX 1666  
ATTLEBORO, MA 02703  
PHONE 508-226-4414***

- ANSWER EVERY QUESTION FULLY AND SUBMIT APPLICATION TO ABOVE ADDRESS BEFORE MARCH 1<sup>ST</sup>.
- **A CSS PROFILE FINANCIAL AID FORM IS REQUIRED USING CODE #0613 IN THE SCHOOLS AND PROGRAMS TO RECEIVE THIS REPORT SECTION. THE REPORT MUST REACH OUR OFFICE BY APRIL 20. THE CSS WEBSITE IS – [www.collegeboard.com](http://www.collegeboard.com)**
- APPLICANT MUST BE A FULL-TIME UNDERGRADUATE STUDENT.
- APPLICANT MUST BE A RESIDENT OF ATTLEBORO FOR 12 MONTHS PRIOR TO DATE OF APPLICATION.

DATE OF APPLICATION \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

APPLICANT NAME (PLEASE PRINT) \_\_\_\_\_

APPLICANT MAILING ADDRESS \_\_\_\_\_

SS# \_\_\_\_\_ E MAIL \_\_\_\_\_ PHONE \_\_\_\_\_

HIGH SCHOOL ATTENDING \_\_\_\_\_ GRADE POINT AVERAGE \_\_\_\_\_

WHAT COLLEGE OR TRADE SCHOOL DO YOU PLAN TO ATTEND?

1<sup>ST</sup> CHOICE \_\_\_\_\_ ACCEPTED? YES \_\_\_\_\_ NO \_\_\_\_\_

2<sup>ND</sup> CHOICE \_\_\_\_\_ ACCEPTED? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU PLAN TO: LIVE ON CAMPUS \_\_\_\_\_ COMMUTE \_\_\_\_\_

WHAT DO YOU PLAN TO MAJOR IN? \_\_\_\_\_

LENTH OF STUDY: 1 YEAR \_\_\_\_\_ 2 YEARS \_\_\_\_\_ 4 YEARS \_\_\_\_\_ 5 YEARS \_\_\_\_\_

ESTIMATED DATE OF COLLEGE GRADUATION (MONTH/YEAR) \_\_\_\_\_

LIST SIGNIFICANT EXTRA-CURRICULAR ACTIVITIES YOU HAVE PARTICIPATED IN TO DATE – SCHOOL AND OTHER – OR ATTACH YOUR STUDENT ACTIVITIES SHEET OR STUDENT RESUME.

---

---

**PLEASE COMPLETE PAGE 2**

**INTEREST-FREE LOAN APPLICATION – SIDE 2**

WHAT DOES YOUR FINANCIAL AID PACKAGE CONSIST OF?  
PLEASE COMPLETE IF YOU HAVE RECEIVED THIS INFORMATION FROM YOUR SCHOOL.

**GRANTS**

SCHOOL GRANT \_\_\_\_\_  
PELL GRANT \_\_\_\_\_  
S.E.O.G. \_\_\_\_\_  
MASS. STATE \_\_\_\_\_  
OTHER (SPECIFY) \_\_\_\_\_

**LOANS**

STAFFORD LOAN \_\_\_\_\_  
PERKINS LOAN \_\_\_\_\_  
OTHER (SPECIFY) \_\_\_\_\_

**COST OF SCHOOL**

TUITION/FEES \_\_\_\_\_  
ROOM/BOARD \_\_\_\_\_  
COMMUTING EXP. \_\_\_\_\_  
BOOKS/SUPPLIES \_\_\_\_\_  
PERSONAL \_\_\_\_\_  
  
TOTAL \_\_\_\_\_

**BUDGET**

FAMILY CONTRIBUTION \_\_\_\_\_  
STUDENT CONTRIBUTION \_\_\_\_\_  
TOTAL AID PACKAGE \_\_\_\_\_  
  
UNMET NEED \_\_\_\_\_

**STUDENT STATEMENT**

I HEREBY PETITION THE ATTLEBORO SCHOLARSHIP FOUNDATION FOR A LOAN IN THE AMOUNT OF \$1,000.00. I HAVE ANSWERED ALL QUESTIONS ON THIS FORM TO THE BEST OF MY KNOWLEDGE.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PARENT'S AUTHORIZATION**

TO THE BEST OF MY KNOWLEDGE THE INFORMATION REPORTED ON THIS APPLICATION IS COMPLETE AND CORRECT. I AUTHORIZE THIS APPLICANT TO APPLY FOR LOAN FUNDING FROM THE ATTLEBORO SCHOLARSHIP FOUNDATION WITH MY FULL KNOWLEDGE AND CONSENT.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ SS# \_\_\_\_\_

**\*\*IMPORTANT**

**THE COLLEGE SCHOLARSHIP SERVICE (CSS) PROFILE FINANCIAL AID FORM USING CODE 0613 IS REQUIRED. IF YOU NEED ASSISTANCE WITH THIS FORM CALL THE ASF OFFICE @ 508-226-4414.**