

### Degree & Program in Which You are Enrolled

<p><b>Write program title</b></p>   <p><input type="checkbox"/> <b>Full time study</b> Undergraduate: 12 credits/term Graduate: 8 credits/term</p> <p><input type="checkbox"/> <b>Part time study</b></p>	<p><b>Degree in which you are enrolled</b></p> <p><input type="checkbox"/> Bachelor of Arts  <input type="checkbox"/> Bachelor of Science  <input type="checkbox"/> Master of Education  <input type="checkbox"/> Master of Management  <input type="checkbox"/> CAGS  <input type="checkbox"/> EdD</p> <p><input type="checkbox"/> Other _____</p>
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### Cambridge College Center

**Where you are taking classes**

<input type="checkbox"/> Cambridge, MA	<input type="checkbox"/> San Juan, PR
<input type="checkbox"/> Lawrence, MA	<input type="checkbox"/> Memphis, TN
<input type="checkbox"/> Springfield, MA	<input type="checkbox"/> Chesapeake, VA
	<input type="checkbox"/> Augusta, GA
	<input type="checkbox"/> Ontario, CA

Other \_\_\_\_\_

### Personal & Contact Information (your documented legal name as it appears on your academic records)

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_

Student ID \_\_\_\_\_

Home phone ( \_\_\_\_\_ ) \_\_\_\_\_

Alternate phone  cell  work ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail  home  work \_\_\_\_\_

### Current Employment & Prior Education

If you are a teacher or teacher's aide, what school system do you work in?  
\_\_\_\_\_

Place of employment \_\_\_\_\_

Occupation \_\_\_\_\_

Name and city of high school you attended  
\_\_\_\_\_

If you are a transfer student, the name of your prior institution  
\_\_\_\_\_

### Demographic Information

Although you are not required to answer, some scholarships consider these criteria.

**Do you consider yourself to be of Hispanic, Latino or Spanish origin?**  Yes  No

**Please check one or more of the following categories to describe yourself:**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

**Please check all that apply**

- I am a single parent
- I am a teacher
- I am a teacher's aide
- I am a medical interpreter
- I plan to make a career change upon graduation from Cambridge College

**My religious affiliation** \_\_\_\_\_

### Financial Aid Information

Have you completed the Free Application for Federal Student Aid (FAFSA) for this academic year? (required for Cambridge College scholarships)  Yes  No

How many credits will you be taking each term?

Fall 2009	Spring 2010	Summer 2010	Fall 2010

Your Anticipated Graduation Date \_\_\_\_\_

### Briefly Answer the Following Questions

1) What has been the greatest challenge you faced in your life so far?

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### Briefly Answer the Following Questions

2) How will scholarship funds help you?

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3) What do you hope to accomplish with your Cambridge College degree?

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### Certification of Information

I certify that the information here in support of my financial need is true and complete to the best of my knowledge. I understand that it is my responsibility to notify the Financial Aid Office of any changes that may occur during the academic year. I understand that Cambridge College has the right to modify scholarship commitments at any time due to changes that may occur to my academic and/or financial need.

I agree to allow my personal statement, financial aid information, student account and academic records to be reviewed by the Cambridge College Scholarship Committee for determining my eligibility for a Cambridge College Scholarship.

I understand that each year Cambridge College holds an annual event to raise funds for scholarship support. I give my consent for the College to use the information from my personal statement and/or my scholarship application to use for fundraising and reporting purposes.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Scholarship Committee/Financial Aid only**      Making SAP?  Yes  No

EFC \_\_\_\_\_ Scholarship selected \_\_\_\_\_

Total loan debt \$ \_\_\_\_\_ Scholarship amount \$ \_\_\_\_\_

Unmet need \_\_\_\_\_ Date awarded \_\_\_\_\_

Student account balance \_\_\_\_\_ Letter mailed \_\_\_\_\_

By \_\_\_\_\_