

Degree & Program in Which You are Enrolled	
<p>Write program title</p> <p><input type="checkbox"/> Full time study Undergraduate: 12 credits/term Graduate: 8 credits/term</p> <p><input type="checkbox"/> Part time study</p>	<p>Degree in which you are enrolled</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>

Cambridge College Center Where you are taking classes	
<p><input type="checkbox"/> Cambridge, MA <input type="checkbox"/> Augusta, GA <input type="checkbox"/> Chesapeake, VA <input type="checkbox"/> Inland Empire, CA <input type="checkbox"/> N.I.T.E.</p>	<p><input type="checkbox"/> Memphis, TN <input type="checkbox"/> Merrimack Valley, MA <input type="checkbox"/> Puerto Rico <input type="checkbox"/> Springfield, MA</p> <p><input type="checkbox"/> Other _____</p>

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

Your Anticipated Graduation Date _____

How many credits will you be taking each term?

Fall	Spring	Summer

Briefly Answer the Following Questions

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

Briefly Answer the Following Questions

2) How will scholarship funds help you?

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

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 give my consent for the College to use the information from my scholarship application, as well as my academic records, for fundraising and reporting purposes.

Student Signature _____

Date _____

For Scholarship Committee/Financial Aid only	
EFC	_____
Total loan debt \$	_____
Unmet need	_____
Student account balance	_____
Making SAP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Scholarship selected	_____
Scholarship amount \$	_____
Date awarded	_____
Letter mailed	_____
By	_____

Please complete, sign, and return to:



Financial Aid Office
Cambridge College
1000 Massachusetts Avenue
Cambridge, MA 02138

OR fax to: 617-349-3561