



SCHOLARSHIP APPLICATION

www.MLSAF.org

FOR 2020 ONLY

For 2020 ONLY, completed Mamaroneck-Larchmont Student Aid Fund Scholarship applications may be submitted:

- By email, to: info@mlsaf.org

~ OR ~

- By mail, to:

Mamaroneck-Larchmont Student Aid Fund
P O Box 606
Larchmont, NY 10538

DEADLINE EXTENDED TO: WEDNESDAY, APRIL 15, 2020

For more information or questions:

Please contact MHS Financial Aid Advisor, Marcia Burkett by
email: MBurkett@mamkschools.org.



SCHOLARSHIP APPLICATION

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The Mamaroneck-Larchmont Student Aid Fund provides financial assistance in the form of scholarships for full-time study to graduates of Mamaroneck High School. Scholarships are determined solely on the basis of financial need and the availability of funds. Decisions will be announced by the end of May.

Items Needed to Complete Application:

- Completed application form with student and parent signatures.
- Copy of your SAR (Student Aid Report) from the FAFSA (Free Application for Federal Student Aid). If you do not qualify to complete a FAFSA, a copy of a Federal tax return will be requested instead.
- Copy of any Financial Aid Award offered by the college(s) listed on page 3.
- Copy of the college's COA (Cost of Attendance) for the college(s) listed on page 3. COA can usually be found on the college's website.

In some circumstances, you may be asked to complete the MLSAF Supplemental Financial Information Form.

If the applicant's financial information meets the Student Aid Fund's criteria, the student will be required to have an in-person meeting with the Student Aid Fund's Directors, which will be scheduled by the MHS Financial Aid Advisor, Marcia Burkett.

For more information or questions:	Please contact MHS Financial Aid Advisor, Marcia Burkett Phone: 914-220-3200 Email: MBurkett@mamkschools.org Office: MHS Room N208
Deadline:	Last day of school in March
Return to:	MHS Financial Aid Advisor, Marcia Burkett

THE INFORMATION IN THIS APPLICATION IS CONFIDENTIAL

PLEASE PRINT CLEARLY

Student Name: _____

Street Address: _____ Apt #: _____

City: _____ Zip Code: _____

Student Cell Phone: _____ Home or Parent Phone: _____

Student Personal Email Address: _____

I. PERSONAL INFORMATION

Intended Major (if known): _____ Career Goal (if known): _____

ACTIVITIES: Please list activities in which you participated during your high school years. Or, you may attach a copy of the Activity section of the Common Application or the Coalition Application, or a resume.

School Clubs and Other School Activities (examples: drama, music, yearbook, etc.)	Season/Year(s)
_____	_____
_____	_____

Sports (school or community)	Season/Year(s)
_____	_____
_____	_____

Community Service/Volunteer Work	Season/Year(s)
_____	_____
_____	_____

Employment/Internships	Season/Year(s)
_____	_____
_____	_____

Family Responsibilities	Season/Year(s)
_____	_____
_____	_____

OTHER:

Please check if you or a family member either works for or volunteers with any of the following:

- Fire Department Police Department Volunteer Ambulance Corp

If so, for which municipality: Village of Mamaroneck Town of Mamaroneck Village of Larchmont

Have any members of your family served in the military? Yes No

If so, who and what branch (e.g. Army, Navy, etc.) _____

Are you or your siblings the first generation in your family to attend college? Yes No

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Student Name: _____

II. COLLEGE FINANCIAL INFORMATION

College you hope to attend (first choice) _____ Accepted Waiting to hear
 Alternate School (second choice) _____ Accepted Waiting to hear

Cost of Attendance for next year:

	First Choice	Alternate
- Tuition and fees	\$ _____	\$ _____
- Housing (if not living at home)	\$ _____	\$ _____
- Meal plan	\$ _____	\$ _____
- Travel expenses/commuting costs	\$ _____	\$ _____
- Books and miscellaneous expenses	\$ _____	\$ _____
Total Cost of Attendance	(A)	
	\$ _____	\$ _____

Scholarships/Grants: (from your college's financial aid package)

- PELL	\$ _____	\$ _____
- SEOG	\$ _____	\$ _____
- TAP	\$ _____	\$ _____
- College or University grant: _____	\$ _____	\$ _____
- College of University grant: _____	\$ _____	\$ _____
- Other: _____	\$ _____	\$ _____
- Other: _____	\$ _____	\$ _____
Total Scholarships/Grants	(B)	
	\$ _____	\$ _____

EFC (Expected Family Contribution) from your SAR: (C) \$ _____ \$ _____

Calculation of Your Financial Gap:

Total Cost of Attendance (line A above)	\$ _____	\$ _____
Minus: Total Scholarships/Grants (line B above)	\$ _____	\$ _____
Minus: EFC (line C above)	\$ _____	\$ _____
Equals: YOUR FINANCIAL GAP	\$ _____	\$ _____

Student Name: _____

III. FAMILY INFORMATION

	Parent1/Guardian	Parent2/Guardian
Name:	_____	_____
Relationship:	_____	_____
Cell Phone:	_____	_____
Email Address:	_____	_____
Street Address:	_____	_____
City, State, Zip Code:	_____	_____
Occupation:	_____	_____
Currently Working:	Yes <input type="checkbox"/> No <input type="checkbox"/> Disabled/unable to work <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Disabled/unable to work <input type="checkbox"/>
Current Employer:	_____	_____

Please list ALL the people living in your household. (Include: parents; step-parents; guardians; siblings, including those in college; and other relatives.)

Name	Relationship	If in school, list grade and name of school
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are your biological parents living? Parent1: Yes No Parent2: Yes No

Are your biological parents married? separated? divorced? never married?

If your biological parents are divorced, separated, or not married, do you expect your non-custodial parent to contribute to your college expenses? Yes No Don't Know

If known, estimated annual amount to be provided: \$ _____

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Student Name: _____

IV. ADDITIONAL INFORMATION

Please note that the Mamaroneck-Larchmont Student Aid Fund reserves the right to request additional financial information.

- Please check this box if there any special circumstances that you would like to share with the Directors of the Mamaroneck-Larchmont Student Aid Fund. If you check this box, please complete page 6 of this application form.

V. PHOTO RELEASE: PERMISSION TO USE PHOTOS

_____ I give permission for my photo and name to be used by the Mamaroneck-Larchmont Student Aid Fund (MLSAF) for purposes of publicity. This includes use by online and print media and social networking sites, including on the MLSAF website, on the MLSAF Facebook page, and in news articles publicizing the MLSAF's activities.

_____ I do NOT give permission for my photo and name to be used by the Mamaroneck-Larchmont Student Aid Fund (MLSAF) for purposes of publicity.

VI. SIGNATURES

I certify that the above information is true and correct, and that the funds applied for are needed to enable me to pursue my education. I agree to notify the Mamaroneck-Larchmont Student Aid Fund of any material change of these facts.

Signature of Student _____ Date _____

Signature of Parent/Guardian _____ Date _____

Name of Parent/Guardian _____

Student Name: _____

SPECIAL CIRCUMSTANCES – Only complete if you checked the box on page 5, Section IV.

Please complete this page or attach additional sheets if you checked the box on page 5 indicating that there are special circumstances that you would like to share with the Directors of the Mamaroneck-Larchmont Student Aid Fund.