

Baxter Waldman Memorial Scholarship

For the upcoming academic year, I will be a: (check one) Freshman Sophomore Junior Senior Post Graduate Student Other

Description: Baxter was a loyal, confident, caring, and driven young man that had a zest for life who did everything in his power to reach his goals no matter what stood in his way. Through this scholarship we hope to support students with similar qualities who are involved in their school and community as team member, working outside of school, and determined to do what they love. Be Baxter strong.

Required: Application, Transcript, Letter of Recommendation.

PersonalData

Name:				
(Last)	(F	ïrst)	(Middle)	(Gender)
Mailing Address:				
	(Street or PO Box)	(City)		(State) (Zip)
Physical Address:				
	(Street)	(City)		(State) (Zip)
Telephone:				
	(Cell Phone)		(Home Phon	e)
Email Address: _				
Best Way to Conta	ct: Cell Phone	Home Phone	Email	
Date of Birth:		_		
Parent(s)/Guardia	n(s) Name(s):			
Parent(s)/Guardia	n(s) Address (if differe	ent from yours):		
Best Contact for P	arents :			
Please provide contact in				
Parent(s)/Guardia	n(s) Marital Status:	Single Married	Divorced	Widowed

Academic Data

Name of High School:	 Year of Graduation:	

Cumulative High School Grade Point Average: _____ (Please attach transcript.)

(If you are in college, please attach current transcript.)

Names of Colleges or Universities you have applied to or have been accepted to:

College or University you plan to attend:

Why do you want to attend this school?

What is your intended field of study/ major? _____

What do you hope to do with your education?

Why should you be chosen as the recipient of this Scholarship?

School and Community Involvement

List any organization in which you have been a member or jobs in which you have been employed. Organizations may include academic, athletic, civic, religious or social groups. Jobs may also include volunteer work or internships. Attach another sheet if necessary.

Activity	Number of Years	Positions or Offices Held

List any awards, honors or recognition received:

Which of the above experiences (participation is a particular activity, leadership position or honor received) has been most important to you and why?

Anticipated Costs for the Upcoming Year

	Costs
Tuition & Fees	\$
Room & Board	\$
Books & Supplies	\$
Personal Expenses (Travel, computer, etc)	\$
Other	\$
TOTAL COST OF ATTENDANCE	\$

Estimated Amount You Can Pay Towards Costs for the Upcoming Year

Parent/Guardian	\$
Self	\$
Scholarships	\$
Loans	\$
TOTAL FUNDS AVAILABLE FOR COLLEGE	\$

Do you plan to work during the summer? _____ Where? _____

Do you plan to work during the school year? _____ Where? _____

If there are special financial circumstances which will affect your education, please describe:

Student's and Parents' Statements:

I have checked this application for errors and omissions and state that the information on this application is complete and accurate.

Scholarships may not be awarded to any donor/advisor or substantial contributor to the Fund making the award, to any member of a selection committee for such award, or to any members of their families. Applicants must also attest to not being related to a either significant donor or advisor of the scholarship for which they are applying. This includes parents, grandparents, great grandparents, spouse, siblings, children, grandchildren, great grandchildren and the spouses of all of the above.

Applicant's signature Date	Applicant's signature	Date
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Parent's signature _____ Date _____

Please submit **April 1** Applications submitted via email are preferred. **Email to:** scholarships@cfnan.org

If mailing: please do NOT staple your application or materials.

Mail to: Community Foundation for Nantucket PO Box 204 Nantucket, Massachusetts 02554