



## General Information

The SBM Charitable Foundation, Inc. invites scholarship applications for the 2012-2013 academic year, from students pursuing a two or four year undergraduate degree on a full time basis **at an accredited College or University in Connecticut.**

Applications must be received or postmarked by **March 31, 2012.** Applications received or postmarked after this date will not be considered. This application becomes complete and valid **only** when you have returned **all** documentation indicated on the checklist. All documents should be sent in one package by the student or his/her current school.

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## Eligibility Requirements

- ♥ You must be a United States citizen and full-time resident of Hartford, Tolland, or Windham County.
- ♥ You must have earned a minimum 2.5 grade point average on a 4.0 scale, or be in the top 40% of your class in High School.
- ♥ **You must include a copy of the completed Free Application for Federal Student Aid (FAFSA) or your valid Federal Student Aid Report (SAR) for tax year 2011.**
- ♥ Your name and full social security number, as applicant, must **only** appear on page 3 of the application. To ensure a fair evaluation process, the members of the selection committee must **NOT** know the identity of the person submitting. Any information on subsequent pages that would reveal the applicant's name or social security number, or any association with the SBM Charitable Foundation, may disqualify the application.
- ♥ You **must** be applying to, or attending, a two or four year accredited college or university in Connecticut.

Scholarship funding is awarded up to \$5,000 per recipient for an academic year and awardees may reapply for a renewal scholarship for up to a total of four undergraduate academic years.

Recipients of our undergraduate scholarship are also eligible to apply for financial support for graduate studies **at an accredited Connecticut College or University.**

Recipients will be notified by mail in June 2012 and a listing will be displayed on our web site ([www.sbmfoundation.org](http://www.sbmfoundation.org)). Awards will be sent directly to the Connecticut College or University in June/July.

Mail all materials to: Kelley Gunther, Scholarship Director  
SBM Charitable Foundation, Inc.  
935 Main Street, Level C, Suite B101  
Manchester, CT 06040

**Applications must be received or postmarked by March 31, 2012.**

If you have any questions about our scholarship program call (860) 533-1067.



Last four digits of SS# \_\_\_\_\_

**Extra Curricular & Employment History**

How many hours per week do you spend doing activities other than schoolwork? (This includes clubs, sports, employment, and/or community involvement.) Please describe using the space below or attach a resume:

Activity	Hours per week
_____	_____
_____	_____

**Household Information**

List all individuals who live in your household who will be dependent on your parent(s) during the period July 1, 2012 through June 30, 2013. Include yourself, parent(s) and siblings using generic terms, such as “*brother*”, “*sister*”, “*mother*”, “*father*”, or “*self*”. Note if in school.

Persons living in Household	Age	Name of School/College	Full Time Student?	Lives at school?
"Self":				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Additional Financial Information**

A. Please provide us with any additional information about your financial needs.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. List other sources of funding/scholarships for which you have applied:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Full SS# \_\_\_\_\_

**Applicant Information**

**This is the ONLY area of the application where your identifying information should appear. Any reference to your name or any relationship to the SBM Charitable Foundation on subsequent pages may disqualify your application.**

Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: **Connecticut** Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Checklist:**

Before you submit your application package, verify that you have enclosed the following required information. **Any incomplete applications will be disqualified.**

- ☐ Scholarship Application including:
  - Extra Curricular & Employment History
  - Household Information
  - **Financial Information: Full copy of FAFSA/or SAR (for tax year 2011)**
- ☐ Applicant information page
- ☐ Academic profile with official transcript, **including** current grades for high school students
- ☐ Essay
- ☐ Letter of Recommendation

How did you hear about our scholarship program?

Our web site      [www.fastweb.com](http://www.fastweb.com)      Word of mouth      School

**Certification Section**

**In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to submit proof of information I have given on this form, including a copy of any US Income Tax Returns. Falsification of information may result in termination of any scholarship granted. This application and attached materials become the property of SBM Charitable Foundation, Inc.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Last four digits of SS# \_\_\_\_\_

**Academic Profile**

**Instructions:** This section **must** be completed and **SIGNED** by an official of your school.

The GPA **must** be reported as its equivalent on a 4.0 scale and certified by the school official. For high school students, class rank must be shown, and student must be in top 40% of class. College students must have a 2.5 GPA or higher.

Cumulative grade point average: \_\_\_\_\_ /4.0 scale – college students.

School official's signature: \_\_\_\_\_ Date: \_\_\_\_\_

School official's name & title: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_ CT  
(Street) (City) (State) (Zip Code)

**Important:** Enclose your academic profile with official transcript, **including current grades for high school students**, from where you are currently attending high school or college.

**College/Program Information**

**Connecticut** school you plan to attend during the 2012/2013 academic year (if you are undecided, list your first two choices):

\_\_\_\_\_ City State: CT

\_\_\_\_\_ City State: CT

Four Year College or University Other: \_\_\_\_\_  
Two Year Community or Junior College

**Class you will be entering in September 2012:**

Freshman Sophomore Junior Senior Other: \_\_\_\_\_



Last four digits of SS# \_\_\_\_\_

### **Recommendation Form**

#### **Instructions for the applicant**

Include a letter of recommendation from your guidance counselor, teacher, coach, employer, clergy member, or another adult who knows you, but who is not a family member. The letter must be provided in a sealed envelope, with the writer's signature appearing across the sealed part of the flap.

#### **Instructions for individual completing a letter of recommendation**

DO NOT include any information that would allow the review committee to identify the applicant. Any reference to the applicant's name, parent/guardian's name, employer, or any association with the SBM Charitable Foundation, Inc. within the content of the evaluation will disqualify the application. Tell us how long you have known the candidate and in what capacity, and give us your candid opinion of this candidate as a scholarship applicant. Letters must be typed, on official letter head, and contain the writer's full name, title, address, and phone number. Please include the last four digits of the student's social security number on the top of the page.

**Enclose the completed form or letter in an envelope, sign your name across the seal, and return to the student. Do not mail directly to SBM Charitable Foundation. The letter of recommendation must arrive with the completed application package.**



## Essay

### Instructions:

**DO NOT** include any information that would allow the review committee to identify you as an applicant. Any reference within the content of the essay to your name, parent/guardian's name, employer, or any association with the SBM Charitable Foundation, Inc. will **disqualify** the application.

Essay must a minimum of 300 words, but no longer than 500 words, and must be typed and double-spaced. Please be sure to include the last four digits of your social security number in the top right hand corner of the page.

**Submit an essay on the following topic: Describe your most significant challenge or accomplishment. Explain its significance in your life.**