

John T. De Barber Memorial Scholarship Award

Application form to be completed by student and returned to:

Newcomers & Neighbors of Seymour & Oxford
Scholarship Committee
P.O.Box 102
Seymour, CT 06483

Application Deadline: May 1st

Name _____

Address _____

Date of Birth _____ Phone # _____

School currently attending: _____

Schools or Colleges at which you have been accepted: _____

School or College you plan to attend: _____

Course of Study you will be pursuing: _____

List school activities in which you have participated: _____

List activities and interests outside of school: _____

List any Honors or Awards: _____

How do you plan to finance your education? _____

What have you done to personally save money during the past few years?

Please estimate your first-year college expenses and indicate the dollar amount you will be receiving from the following sources.

Estimated First year Expenses: Tuition_____

Room and Board_____

Other_____

Estimated Financial Sources: Loans_____

Scholarships_____

Parental Contribution_____

Other_____

Do you plan to work during the school year to help defray your educational expenses?_____

Father's name_____ Mother's name_____

Address_____ Address_____

Occupation_____ Occupation_____

Number of dependents in family: Adults_____ Children_____

Are any other members of your family attending college or a higher education institution?_____

If so, where:_____ Full or Part-time_____

Gross Family Income (per latest Federal Tax Return) (circle one)

\$30,000 & under \$30,000 - \$40,000 \$40,000 - \$50,000 \$50,000 - \$60,000

\$60,000 & over

Please use a separate sheet to explain any extenuating circumstances determining financial need.

Name of the individual who will be providing a letter of reference:_____

On a separate sheet, tell us why you should be considered for this award. Please include any school organizations, extracurricular school and civic activities you feel are pertinent. Also any applicable awards you may have received should be noted. Please include your educational and career goals and the reasons you intend to pursue your chosen course of study.

Signature of applicant

Date

John T. De Barber Memorial Scholarship Award

FORM TO BE COMPLETED BY GUIDANCE OFFICE

All information is kept confidential

Name of Applicant: _____

School Attending: _____

Student Profile:

Class Rank: _____

3 ½ GPA: _____

SAT scores: Verbal _____ Math _____ Writing _____

ACT score _____

Please sign and date your appraisal. This complete application must be returned to the Scholarship committee by May 1st.

Signature

Date

John T. De Barber Memorial Scholarship Award

John T. De Barber was the first Seymour serviceman killed in Vietnam. The Newcomers and Neighbors of Seymour and Oxford established the scholarship in his memory to be awarded to a qualifying high school senior residing in the towns of Seymour and Oxford.

Eligibility Requirements:

1. The applicant must be a deserving high school senior residing in the towns of Oxford or Seymour
2. The applicant must demonstrate achievement, initiative, and financial need in pursuing their career choice
3. The applicant must be accepted for enrollment in a degree or certificate program in an accredited college, university, academic or vocational school of higher education.
4. A completed application form must be submitted to your high school guidance office in time to then be forwarded to the NNSO Scholarship Committee by May 1, 2007

Applications will be reviewed by the Scholarship Committee. They will be judged individually by grade point average, financial need, community service, motivation, work experience and the student essay. In fairness to all, the names of the applicants will be withheld from the committee until after the recipients have been selected.

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