



THE MARK BOICE GERMAIN AND MILDRED BOICE GERMAIN FUND
A College Scholarship Fund for Residents of Conway
Academic Year 2018-2019

This Charitable Trust was established in 1985 under the will of Mark Walter Germain and is known as the “Mark Boice Germain and Mildred Boice Germain Fund.” He directed that this fund be established “...to grant funds to those Conway residents whose parents or guardians cannot afford such child’s college expenses, and any applications that such applicants have made for other private and government scholarships have resulted in an insufficient amount of funds to allow the furtherance of their education without additional monetary support.”

WHO IS ELIGIBLE?

Any resident of Conway who has resided and/or whose parents have resided in Conway for not less than two years prior to the date of application shall be eligible.

WHAT ARE THE EDUCATIONAL REQUIREMENTS?

Anyone seeking to further their education by attending college is eligible to apply. The actual awards will be made by the Conway Board of Selectmen or their designees. The applicant’s need, character, scholastic ability, integrity, and civic involvement will be considered in granting awards. Any awards made shall be contingent upon the applicant’s acceptance into the educational program designated, either as a college undergraduate or graduate student.

HOW MUCH ARE THE AWARDS?

Awards to any one student shall be limited to the cost of tuition and textbooks, and are not to exceed \$2500 annually. Any applicant may receive scholarship awards during several years of his/her education. Applicants are required to re-apply each year for consideration.

WHERE DO I APPLY?

Scholarship forms will be available online at <http://www.townofconway.com/forms.asp> as well as at the Frontier Regional School guidance office and the Franklin County Technical School guidance office. Completed applications must be received no later than noon on Friday, April 21, 2018, regardless of the date of the postmark. Send your forms to the Conway Selectboard, PO Box 240, Conway, MA 01341.

MAY I RE-APPLY FOR SUBSEQUENT YEARS?

Students may re-apply for each year they meet the educational and financial requirements. See application packet requirements below.

**Mark Boice and Mildred Boice Germain Scholarship
Application Packet Requirements & Rules
2018-2019 Academic Year**

Application Packet Requirements:

1. Completed application packet for Mark Boice and Mildred Boice Germain Scholarship
2. Three letters of recommendation, including:
 - a. One letter from either the principal or guidance counselor of the school the applicant is a graduate of and to include size of class and the student's position in that class, and the cumulative grade point average.
 - b. Two letters from adult citizens of Conway, other than relatives, attesting to the applicant's character regarding conduct, citizenship, and leadership.
3. A certified transcript or photocopy of the high school or college grades of the applicant.
4. A copy of ACT, SAT or GRE test scores.
5. Students who are re-applying for funding need only to submit the Financial Assistance Questionnaire, the Academic Questionnaire, and a copy of the latest transcript from the college they have been attending. (They do NOT need to submit the information in items 2 and 4 above).

Rules:

1. The applicant and his/her parents or guardians must have resided in Conway for two years preceding the application.
2. Applicants must be in their senior year of high school, or attending undergraduate or graduate school. Students may re-apply (see #5 above for re-application requirements).
3. The scholarship must be used within fifteen months of the date of award.
4. Applicants must present the completed application to the Selectboard, Town of Conway before noon on **Friday, April 21, 2018**. Incomplete applications will not be accepted.
5. The decisions of the judges shall be final.
6. Half the award shall be paid for the first semester upon submission of a bill from the applicant's college. The balance shall be paid upon submission of a second semester bill, but no later than fifteen months following the awarding of a scholarship. The applicant will be reimbursed directly from scholarship funds. This can only occur if the applicant presents documentation that the semester's bill is **paid in full**. The funds will not be sent to the student's school but to the student directly.
7. The applicant must return the completed application to:
Town of Conway Selectboard
P.O. Box 240
Conway, MA 01341

**Mark Boice and Mildred Boice Germain Scholarship
Financial Assistance Questionnaire
2018-2019 Academic Year**

A. APPLICANT DATA

Mr./Ms. _____
Last Name
First Name
Middle Initial

Permanent mailing address: _____
Street
City
State
Zip

E-mail address: _____ Telephone number: _____

B. INCOME, EXPENSE, AND ASSET DATA (January 1 - December 31, 2017)

If you are claimed as a dependent please have your parents fill in the following section, using information from their completed tax return – IRS Form 1040 filed on or before April 15, 2018).

- | | |
|--|----------|
| 1. Adjusted gross income | \$ _____ |
| 2. Total U.S. income tax paid | \$ _____ |
| 3. Income earned from work by Father | \$ _____ |
| 4. Income earned from work by Mother | \$ _____ |
| 5. Untaxed income and benefits: Social Security, AFDC, ADC, other | \$ _____ |
| 6. Medical/Dental expenses not paid by insurance | \$ _____ |
| 7. Cash, savings, bonds, stocks, checking accounts, CDs, notes, etc. | \$ _____ |
| 8. Total number of exemptions | _____ |

C. ADDITIONAL INFORMATION

Did you apply to a post-secondary school for need-based financial aid last academic year?

Yes No

If yes, what was your unmet need, as calculated by the financial aid office? \$ _____

You or your parent's marital status is: single married separated divorced widowed

Total number of family members who will be attending a post-secondary school at least ½ time during the 2016-2017 academic year, including applicant _____

I was awarded a Germain Scholarship for: 2012-13 2013-14 2014-15 2015-16
 2016-17 2017-18

**Mark Boice and Mildred Boice Germain Scholarship
Financial Assistance Questionnaire (continued)
2018-2019 Academic Year**

D. CERTIFICATION

All of the information on this form is true and complete to the best of my (our) knowledge. If asked by an authorized official, I (we) agree to give proof of the information that I (we) have given on this form. I (we) realize that this proof may include a copy of my (our) 2015 U.S. and/or state income tax return. I (we) also realize that if I (we) do not give proof when asked, the student may not get paid.

Applicant's Signature

Parent 1 Signature

Parent 2 Signature

Date Completed

E. CERTIFICATE OF NEED

I (We) understand that the Mark Boice and Mildred Boice Germain Scholarship is only available to those students truly in need. I (we), as guardians or parents of the applicant / as the applicant, cannot afford the expenses for the education of our child / myself in excess of any amounts which he or she / I will receive from other government scholarships or loans and other private scholarships and our child / I cannot continue the furtherance of his or her / my education without financial assistance.

Applicant's Signature

Parent 1 Signature

Parent 2 Signature

Date Completed

**Mark Boice and Mildred Boice Germain Scholarship
Academic Questionnaire
2018-2019 Academic Year**

Applicant Name: _____ **Date:** _____

A. Why would receiving this scholarship be important to you?

B. What course of study do you plan to pursue and why?

C. Describe your involvement in school or community activities.

D. From what secondary school did/will you graduate? In what year did/will you graduate?

E. Academic institution or program where scholarship funds will be used:
