

The Edwards Scholarship Fund Renewal Scholarship Application

CERTIFICATION

By completing and submitting this Application, I/we affirm that the information contained in the following Application and in all supporting documentation is true, accurate, and complete. I, student applicant, am eligible to apply:

- I am and have been a legal resident of and domiciled in Boston since: ____ / ____ (i.e. MM/YYYY)
- I have a Grade Point Average of at least 2.0 (on a 4-point scale) in college.

Applicant's Name: _____

Date: _____

Parent/guardian Name: _____

Date: _____

Parent/Guardian Contact Information if different from applicant's information:

Name: _____

Phone: _____

Address: _____

RENEWAL APPLICANT'S INFORMATION:

Full Name: _____
Last First M.I.

Date of Birth: _____
mm/dd/yyyy

Address: _____
Street Address Apartment/Unit #

City State Zip

Email Address: _____ Pref Ph: _____ Other Ph: _____

CURRENT COLLEGE INFORMATION:

Current College Attending: _____ I plan to remain at this College: Yes or No

I may transfer to this College: _____

Expected Graduation Date: _____ (MM/YYYY)

Major or Area of Interest _____ GPA in College (if known) _____

