



RED SOX SCHOLARS PROGRAM **2024 APPLICATION**

BACKGROUND

The Red Sox Scholars is a college success program that awards a \$10,000 college scholarship to 12 Boston Public School 7th graders each year. The Foundation then provides academic, professional, and social support to students for at least the next nine years to ensure they graduate from college with as little debt as possible and are prepared to enter the workforce – as well as feeling part of a family of resources for years to come.

ELIGIBILITY

ELIGIBILITY	
 □ Legally enrolled as a full-time 7th grade student in the Boston Public Charter School for School Year 2023-24. □ Demonstrate strong academic potential. □ Demonstrate strong financial need. □ Must be able to attend an in-person interview on Saturday, May 4, 20. 	
$Completed\ applications\ must\ be\ submitted\ to\ \underline{\underline{RedSoxScholars@redsox.com}}$	by <u>Thursday, February 29, 2024</u> .
TERMS OF AWARD	
All decisions made by the Scholarship Selection Committee are final. A student required to sign a <i>Terms and Conditions Agreement</i> , which details the requirement Access to scholarship funds is contingent upon the Scholar's enrollment in an accordance program, display of good citizenship, and adherence to the requirements set forth Failure to comply with the <i>Agreement</i> may result in partial or full loss of scholar Program. Scholarship funds are only paid directly to the school, never to a private Scholarship, I grant my school and/or district permission to share relevant information.	ents for the Red Sox Scholars Program. ceredited college, university, or vocational h in the <i>Terms and Conditions Agreement</i> . rship eligibility and/or dismissal from the ate individual. By applying for the
By signing below, you acknowledge you have read and understand the above	re Terms of Award:
Applicant Signature:	Date:

*For the signatures, an electronic signature in the form of typing your name will be accepted.



Parent/Guardian Name (print): __



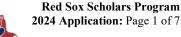
Parent/Guardian Signature:



Applicant Name (print):

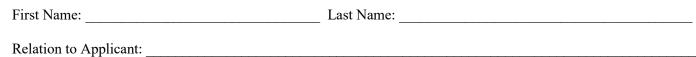






Date:

1. PERSONAL INFORMATION				
First Name:	Las	t Name:		MI:
Date of Birth:/ F	Place of Birth:		Gender:	
Which of the following categories best Hispanic or Latino White (Not Hispanic or Lat Asian American Indian or Alaska Black or African American	ino)	☐ Native Hawaiian or ☐ Two or More Races ☐ Decline to self-iden	Other Pacific Islander s atify	al)
Are you a U.S. Citizen?	No (This ques	tion is optional and the i	nformation is entirely confi	idential.)
Street Address:		Apt #:		
City:	State:	Zip:		
Home Phone: Cell Phone:				
Email:			-	
Please list any languages spoken (other	r than English): _			
2. PARENT/GUARDIAN INFORM.	ATION			
Parent/Guardian 1:				
First Name: Last Name:				
Relation to Applicant:				
Cell Phone:	Email:			
Employment Status:				
Job Title & Employer:				
Highest Level of Education Completed	1 :			
Parent/Guardian 2:				











Cell Phone: _____ Email: ____





Employment Status:	
Job Title & Employer:	
Highest Level of Education Completed:	
Who do you live with? ☐ Both Parent/Guardians ☐ One Pa	arent/Guardian
Who else lives at home with you?	
Emergency Contact:	
First Name: Last Nan	ne:
Relation to Applicant:	
Cell Phone: Email:	
3. FINANCIAL & HOUSEHOLD INFORMATION	
Note: Please have your parent/guardian complete this section. Dearent/guardian(s)'s most recent tax return will be required. 2023 Annual Household Income: Please list your household income according to your parent/guardiance Income Sources (select all that apply): Wages Self-Employment Income Transitional Assistance for Needy Families (TANF) Social Security (SS) Supplemental Security Income Other: Is there anything else that you'd like us to know about your far	\$ardian(s) tax return(s). Unemployment Benefit Veterans Benefit Workers Compensation Food Stamps Alimony/Child Support
Number of Household Members:	
How many household members are under the age of 18?	
How many household members will be in college next school v	vear (2024-25)?













4. ACADEMIC INFO	RMATIC	ON			
School Name:		BI	BPS ID Number*: *If enrolled at a school in the Boston Public School District.		
Guidance Counselor N	ame:				
Guidance Counselor Pl	none:	·	Email:		
How did you hear abou	it the Red	Sox Scholars Program? (chec	k all that app	ly)	
 □ Previous Fenway Park Learning Lab Student □ School or Teacher □ Social Media 			ed Sox Scholar her:	_	
		ent academic grades in the sp il Transcript will be required.	ace below, as	well as your grades in	6th grade. If you are
Course Example: Math	7th Gra	de – Current Course Grade		Grade – Final Course (Grade
, , , , , , , , , , , , , , , , , , , ,	, <i>Y</i>		7		
5. EXTRA-CURRICU	JLAR AC	TIVITIES INFORMATION	N		
Please describe your ex	ktra-curric	ılar activities and awards or r	ecognition yo	u've received in the spa	ce below.
Activity or Award		Description		From (mm/yyyy)	To (mm/yyyy)

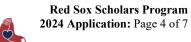












6. ESSAYS

This application requires the submission of two essays. Each essay must answer the prompt in no more than 500 words and should be typed in the spaces outlined below. If you've written your essays in another document, you may copy and paste them into the spaces outlined below.

Essay #1: Please answer the following prompt in no more than 500 words using the space below.		
□ "All About Me" – What is one thing that you learned about yourself in the past year? What caused you to feel this way?		













Essav	#2: Please choose one of the three prompts to answer in no more than 500 words using the space below.
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	"Whom I Admire" – Think about a person in your life whom you admire. What is this person like? Why do you admire them?
	"When I'm Eighty" – Write an essay as though you were 80 years old, looking back at your life. What have you accomplished and what are you most proud of?
	"What's in Your Backpack?" – Imagine you are traveling to a country that you have never been to before. Your backpack includes three items that will help the local population learn about you and your family. What are those three items and how do they represent your background?













7. APPLICANT'S STATEMENT

All information in each section of this application is accurate, written by me (except for Section 3. Financial & Household Information), and complete to the best of my knowledge. I understand that I may be asked to provide written proof to verify the accuracy of any or all information presented in this application, including information pertaining to financial need and academic grades. I agree to adhere to all terms, conditions, and expectations of the Red Sox Scholars Program should I be selected as a 2024 Red Sox Scholar and understand my complete application must be received by the Foundation by Thursday, February 29, 2024 in order to be considered.

☐ I have read and agree to the Applicant's Statement above, and I agree to be bound by all the Terms and Conditio of the Red Sox Scholars Program should I be selected as a recipient.		
Applicant Signature:	Date:	
Applicant Name (print):		
Parent/Guardian Signature:	Date:	
Parent/Guardian Name (print):		

8. SUBMITTING YOUR APPLICATION & NEXT STEPS

Completed applications must be submitted to RedSoxScholars@redsox.com by Thursday, February 29, 2024.

Our selection committee looks forward to reading your application!

The Scholar Selection Committee will review all eligible applications, giving careful consideration to all aspects of the application. The 20 application finalists will be invited to an interview with the Committee, who will then select 12 students to become 2024 Red Sox Scholars.

> March 13, 2024 Fifty (50) semi-finalists receive virtual interview invitation **April 8, 2024** Twenty (20) finalists receive in-person interview invitation May 4, 2024 Finalist Interview Day – In person at Fenway Park 2024 Scholars receive their acceptance letter May 13, 2024



Red Sox Foundation | 4 Jersey Street, Boston MA 02215 RedSoxFoundation.org | **★** @RedSoxFund | **♣** Red Sox Foundation









