



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 prepared to enter the workforce – as well as feeling part of a family of resources for years to come.

Eligibility – *An applicant will only be considered if he/she meets all criteria below:*

- Legally enrolled as a full-time 7th grade student in the Boston Public School District or at a Boston Public Charter School through June 19, 2020.
- Demonstrates strong academic potential Submission of school transcript is required.
- Demonstrates **financial need**.
- **Submits this application by Monday, March 9, 2020** Incomplete/late applications will not be reviewed.
- Finalists will be notified by April 22, 2020 and must be available to attend an interview on Saturday, May 9, 2020.

Instructions - Application Deadline: MONDAY, MARCH 9, 2020

Applications must be postmarked by Monday, March 9, 2020 to:

Red Sox Scholars Program Red Sox Foundation 4 Jersey Street Boston, MA 02215

- 1. Complete the enclosed application in <u>black or blue pen</u>, making sure to include the following materials:
 - School Transcript
 - Two (2) Essays (at least one must be legibly written in black or blue pen)
- 2. Use the checklist below to assist you in making sure the information on this application is complete. Check the box as you complete each step in the application process. Incomplete applications will not be reviewed.
- 3. Please make sure each page is labeled with your last name in the bottom right hand corner.

Checklist

I have enclosed the following documents:

- **Completed Application Form** (handwritten in black or blue pen)
- **School Transcript** (please note on your application if your school will be sending your transcript)
- **Two (2) Essays** (at least one essay must be handwritten)

Terms of Award

All decisions made by the Scholarship Selection Committee are final. A student selected for a 2020 Scholarship will be required to sign a *Terms and Conditions Agreement*, which details the requirements for participation in the Red Sox Scholars Program. Access to scholarship funds is contingent upon the Scholar's continued: enrollment in an accredited college/university, display of good citizenship, and adherence to the requirements set forth in the *Terms and Conditions Agreement*. Failure to comply with the *Agreement* may result in partial or full loss of scholarship eligibility and/or dismissal from the Program. Scholarship funds are only paid directly to the school, never a private individual. By applying for the Scholarship, I grant my school and/or district permission to share relevant information with members of the Red Sox Foundation.

By signing below, you acknowledge you have read and understand the above Terms of Award:

| Applicant Signature: | Date: |
|---|---|
| Applicant Name (print): | |
| Parent/Guardian Signature: | Date: |
| Parent/Guardian Name (print): | |
| American Student Assistance Biogen Foundation Weiters.foundation | pplicant Name: 2020 Application: Page 1 of 7 |





1. Personal Information

| First Name: | I | Last Name: | MI: |
|---------------------------------|---|-------------------|---|
| Date of Birth:/// | Place of Birth: | | Gender: |
| Race/Ethnicity (optional): | □ African American/Black □ White/Caucasian | | merican Indian or Alaska Native or Pacific Islander |
| Citizenship: Are you a U.S. Ci | tizen? 🗖 YES 🗖 NO | (This information | is entirely confidential.) |
| Home Address: | | _Apt #:Cit | y: Zip: |
| Home Phone: | Cell Phone: | Ema | ail: |
| Please list any languages spoke | en (other than English): | | |

2. Family Information

| | Parent/Guardian 1 | Parent/Guardian 2 | Emergency Contact |
|--|--|--|--------------------------|
| First Name | | | |
| Last Name | | | |
| Relation | | | |
| Street Address | | | |
| Neighborhood, State, Zip | | | |
| Cell Phone | | | |
| Home Phone | | | |
| Email Address | | | |
| Place of Work | | | N/A |
| Job Title | | | N/A |
| Highest Level of Education Attained | Some Schooling High School/GED Associate's Degree Bachelor's Degree | □ Some Schooling □ High School/GED □ Associate's Degree □ Bachelor's Degree | N/A |
| (check one) | □ Bachelor's Degree | Graduate Degree | |

Who do you live with? Both Parents One Parent Other: _____









TARGET

Applicant Name: ___





Tell us about the people who live in the same home as you.

| Name | Age | How are they related? Sister? Cousin? Uncle? | What do they do all day? School? Work? Where? |
|------|-----|---|--|
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3. Academic Information

Please fill out this section entirely. \Box A <u>school transcript</u> is also required with this application.

| School Name: | BPS ID Number*: |
|---------------------|--|
| | *If enrolled at a school in the Boston Public School District. |
| Guidance Counselor: | Phone Number: |

4. Financial Information – *To be completed by a parent/guardian*.

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Please fill out this section entirely. If you are selected as a finalist, a copy of your parent/guardian(s) most recent tax return will be required.

1. INCOME:

American

Student

Biogen

Giving

| | • | 2018 Annual Household Income*: \$ *From your parent/guardian(s) tax return(s). \$ | |
|----|----|--|--|
| | • | Income Sources: (Please check <u>all</u> that apply.) | |
| | | Wages Self-Employment Income Transitional Assistance for Needy Families (TANF) | |
| | | Social Security (SS) Supplemental Security Income Unemployment Benefit | |
| | | Veterans Benefit Workers Compensation Food Stamps Alimony/Child Support | |
| | | Other (please explain) | |
| 2. | HO | OUSING: | |
| | • | Type: Rent Own Other (please explain) | |
| | • | Number of Household Members: | |
| | | i. Number of household members in college: | |
| | | ii. Number of household members under the age of 18: | |



Applicant Name: _____

2020 Application: Page 3 of 7





5. Extra-Curricular Activities

Please use the following tables to describe your extracurricular activities and awards/recognition. If necessary, attach a separate sheet using the same format.

Extra-Curricular Activities (5th to 7th Grade) (i.e. sports, music, art, etc.)

| ACTIVITY | DESCRIPTION, YOUR ROLE & RESPONSIBILITIES | FROM (mm/yyyy) | TO (mm/yyyy) |
|----------|---|-------------------|-----------------|
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Recognition/Awards (5th to 7th Grade) (i.e. honor roll, etc.)

| RECOGNITION/AWARD | DESCRIPTION | FROM (mm/yyyy) | TO (mm/yyyy) |
|-------------------|-------------|-------------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |









Applicant Name: _





6. Essay Questions – 2 essays are required. At least one (1) essay must be in the applicant's own handwriting.

You must submit two (2) essays. Please handwrite at least one of your essays in the spaces provided. If you use a separate sheet of paper, please be sure to include your full name and page numbers on each page.

Essay 1 of 2: All applicants must answer the following question in 500 words or less. You may use the space below to write your essay in blue or black ink. For this prompt, a typed essay on a separate sheet of paper will be accepted.

• **"About Me"** – Write about the most challenging obstacle you have personally faced. Tell us about the obstacle and how it affected you, but more importantly, explain *how* you managed to overcome this challenge and what you learned from the experience.











Applicant Name: _





Essay 2 of 2: Please choose one of the following 3 questions to answer in 500 words or less using the space below. This essay must be handwritten in black or blue ink below. It may not be typed. Please use an additional piece of paper if needed.

- **"Whom I Admire"** Think about a person in your life whom you admire. What is this person like? Why do you admire him/her?
- "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?
- **"Principal for a Day"** You are the principal of your school. Describe something you would change about your school, and explain why this change would be beneficial to your students.











Applicant Name:





Applicant's Statement

All information in each section of this application is accurate, written by me (except for Section 4 – Financial 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/all information presented in this application, including information pertaining to financial status and academic transcripts. I agree to adhere to all terms, conditions, and expectations of the Red Sox Scholars Program should I be selected as a 2020 Red Sox Scholar, and understand my complete application must be received by the Foundation or postmarked by Monday, March 9, 2020 in order to be considered.

| Applicant Signature: | Date: |
|-------------------------------|-------|
| Applicant Name (print): | |
| Parent/Guardian Signature: | Date: |
| Parent/Guardian Name (print): | |
| | |
| | |

Applications must be postmarked by Monday, March 9, 2020 to:

Red Sox Scholars Program Red Sox Foundation 4 Jersey Street Boston, MA 02215

Our selection committee looks forward to reading your application!

Next Steps in the Application Process

The Scholar Selection Committee will review all eligible applications, giving careful consideration to all aspects of the application, including: academic transcripts, essay responses, and extracurricular activities, in addition to meeting the eligibility requirements. The 20 application finalists will be invited to an interview with the Committee, who will then select 12 students to become 2020 Red Sox Scholars.

| April 22, 2020 | Twenty (20) finalists receive interview invitation |
|----------------|---|
| May 9, 2020 | Finalist Interview Day |
| May 13, 2020 | The twelve (12) 2020 Scholars receive their acceptance letter |

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Applicant Name: