

FCA SCHOLARSHIP

*Annual \$1000 Award To Support
Post-Secondary Education
in the Field of Communications*

GUIDELINES & APPLICATION

Any Resident Of Foxborough Is Eligible to Apply

COMMUNITY TELEVISION □ PUBLIC • EDUCATION • GOVERNMENT

SCHOLARSHIP APPLICATION

Dear Scholarship Applicant,

The major objective of Foxboro Cable Access, Inc. is to develop a Foxborough organization which is dedicated to taking full advantage of the equipment and services provided to the town as part of the license agreement with Comcast Corporation.

It is the desire of the Board of Directors of Foxboro Cable Access, Inc. to assist in furthering the educational development of any qualified town resident who is pursuing a career in the field of communications. To that end, we have established an annual scholarship award in the amount of \$1000. The FCA Scholarship is intended to provide a foundation for post-secondary education and interested candidates are eligible to re-apply any year that they are accepted in or applying to a college or university with a major focus of study in the Communications field.

To be eligible for consideration, your application must be received at the FCA office, 28 Central Street, Foxboro by Friday, **MAY 20, 2011**.

Please address the sealed application envelope to:

Foxboro Cable Access Scholarship Committee
C/o Foxboro Cable Access, Inc.
28 Central Street
Foxboro, MA 02035

If you have any questions regarding the application process, please contact the FCA office at 508-543-4757.

Very truly yours,

FCA Scholarship Committee

PLEASE SUBMIT COMPLETED APPLICATION BY MAY 20, 2011

Please submit all 3 attached pages – Must be filled out

P. O Box 524
Studios at 28 Central Street , Foxborough, MA 02035

SCHOLARSHIP APPLICATION

APPLICANT: _____ DATE OF BIRTH: _____

ADDRESS: _____

TELEPHONE: _____

I hereby certify that the following is complete and accurate.

SIGNATURE OF APPLICANT

Please attach a typed letter, no more than two pages, discussing your reasons for pursuing a career in the field of Communications. Include your plans for the future and any outside factors, such as job experience or extracurricular activities, which have influenced your educational decisions.

I. Background Information

HEAD OF HOUSEHOLD: _____
Name Occupation

SPOUSE: _____
Name Occupation

NUMBER OF STUDENTS IN HOUSEHOLD ATTENDING:

College: _____ High School: _____ Elementary: _____ Pre-School: _____

II. Educational Information

ARE YOU A HIGH SCHOOL GRADUATE? _____ YEAR OF GRADUATION _____

HIGH SCHOOL: _____

ADDRESS: _____

ARE YOU A COLLEGE GRADUATE? _____ YEAR OF GRADUATION _____

COLLEGE: _____

ADDRESS: _____

LIST THE COLLEGES TO WHICH YOU HAVE APPLIED, IN ORDER OF PREFERENCE. ✓ CHECK ANY FROM WHICH YOU HAVE RECEIVED ACCEPTANCE LETTERS.

- 1. _____
- 2. _____
- 3. _____

PROPOSED MAJOR: _____

AVERAGE TOTAL COST FOR ONE YEAR'S ATTENDANCE: _____

III. Financial Need

DID YOU SUBMIT FINANCIAL AID FORMS TO THE COLLEGE? _____

RESULTS: _____

YOUR GROSS FAMILY INCOME, BEFORE TAXES, FROM ALL SOURCES: (√ Check One)

- UNDER \$30,000 UNDER \$50,000 UNDER \$75,000
- UNDER \$100,000 UNDER \$150,000 OVER \$150,000

FROM WHAT SOURCES DO YOU ANTICIPATE INCOME FOR COLLEGE EXPENSES?

PARENTS \$ _____ OWN EMPLOYMENT \$ _____

LOANS \$ _____ SCHOLARSHIP \$ _____

OTHER FAMILY ASSETS (including Savings, Endowments, Trust Funds, Stocks, Etc.)

\$ _____ from _____

DOES YOUR FAMILY OWN A HOME? _____ RENT? _____

IF THERE ARE ANY UNUSUAL FAMILY OR PERSONAL CIRCUMSTANCES THAT THE FCA SCHOLARSHIP COMMITTEE SHOULD CONSIDER, PLEASE EXPLAIN:

IV. Activities and Work Experience (if additional space is needed, please use a separate page.)

LIST ANY ACADEMIC OR COMMUNITY HONORS YOU HAVE EARNED (Honor Roll, Awards, Etc.)

- 1. _____ 4. _____
- 2. _____ 5. _____
- 3. _____ 6. _____

LIST ANY SCHOOL OR COMMUNITY ACTIVITIES IN WHICH YOU HAVE PARTICIPATED. (include offices held or other leadership positions)

- 1. _____ 4. _____
- 2. _____ 5. _____
- 3. _____ 6. _____

LIST YOUR WORK EXPERIENCE. (Include dates of employment for each job, and the approximate number of hours worked weekly)

- 1. _____
- 2. _____
- 3. _____

ADDITIONAL INFORMATION: