

**2019 Greater Fairfield County Foundation's Links Scholarship
Fact Sheet**
Greater Danbury, Greater Bridgeport, Norwalk and Stamford Areas

To Scholarship Coordinators:

The Greater Fairfield County Foundation, Inc. (the philanthropic arm of the Fairfield County Connecticut Chapter of The Links, Incorporated) is offering four scholarships (one award to a student in each of the areas above) in the amount of \$3,000 each. Scholarships will be awarded to minority high school graduates (Class of 2019) desiring post-secondary education at a Four Year College, Junior College or Technical School. Candidates must have attained at least a 3.0 grade point average, and must be in need of financial assistance.

Your assistance is requested in distributing the enclosed application to candidates who meet these requirements. The Foundation's Scholarship Committee will review applications and final selections. **Please feel free to make additional copies if needed.**

The submission deadline is **February 18, 2019**. Incomplete applications or applications post-marked later than the deadline date will not be considered. A complete application consists of the following items:

1. Application form
2. Financial Need form
3. Copy of the entire FAFSA report
4. **Official** school transcript
5. Copy of the student's SAT and/or ACT scores
6. Brief essay describing student's interests, community involvement and professional aspirations
7. Two letters of recommendation
8. Photo of student with name written on back

Candidates should mail their completed applications to:

The Greater Fairfield County Foundation, Inc.
65 High Ridge Road, #147
Stamford, CT 06905
Attn: 2019 Scholarship Committee

ALL APPLICATIONS MUST BE POSTMARKED ON OR BEFORE FEBRUARY 18, 2019. Your cooperation in this endeavor is very much appreciated. Thank you.

Sincerely,

Kimberly Tapscott
Scholarship Committee Chairmen
Email: kimberlytapscott@gmail.com

**2019 Greater Fairfield County Foundation's Links Scholarship
Scholarship Application Form**

Please print or type

Name _____

Address _____
(Street and apt. #) (City) (State) (Zip code)

Email Address: _____

Home Phone: _____ Date of birth _____

Parents/Guardians
Name _____

Address of Parents/
Guardians _____
(Street and apt. #) (City) (State) (Zip
code)

Number of siblings and ages _____ Your High School _____

School
Address _____
(Street) (City) (State)
(Zip code)

Cumulative GPA (Unweighted) _____ SAT/ACT Score _____ Class Rank (if applicable) _____

Extracurricular Activities (including offices held, where applicable):

Honors/
Awards _____

Work
Experience _____

Colleges to which you have
applied _____

Profession/vocation for which you will
prepare _____
Guidance Counselor's
Name _____

A complete application consists of all of the following items:

1. Application form
2. Financial Need form
3. Copy of the full FAFSA report
4. Official school transcript
5. Copy of the student's SAT and/or ACT scores
6. A brief essay describing your interests, community involvement, goals and aspirations, and how this scholarship will help you attain your goals
7. Photo with name printed on the back
8. Two letters of recommendation

ALL APPLICATIONS MUST BE POSTMARKED ON OR BEFORE THE DUE DATE.

Mail completed application packet by **February 18, 2019** to:

The Greater Fairfield County Foundation, Inc.
65 High Ridge Road, #147
Stamford, CT 06905
Attn: 2019 Scholarship Committee

**2019 Greater Fairfield County Foundation's Links Scholarship
Financial Need Form**

(To be completed by Parent(s)/Guardian)

Please print or type

Student's (name): _____
Father's (name): _____
Mother's (name): _____

Parents' Occupations:
Father: _____ Salary: _____
Mother: _____ Salary: _____

Other income (investments, savings, real estate, etc.):

FAFSA (Free Application for Federal Student Aid)

Score: _____

Dependents: _____ Number in College: _____

Extenuating circumstances (widowed, divorced, illness, etc.):

Student earnings, which can be applied to college: _____

Estimate of first year college cost:

Tuition	
Room and Board	
Books	
Transportation	
Total	

Other scholarships anticipated/received: _____

Student Signature & Date:

Parent(s) Signature & Date:

(This information will be kept confidential)