

Name of Scholarship: _____

**PERMANENT ENDOWMENT FUND FOR MARTHA'S VINEYARD
SCHOLARSHIP APPLICATION 2006**

Directions: Type or print in ink all information requested. Information may be continued on additional sheets of paper attached to the applications. Each of the Permanent Endowment Fund Scholarships has specific criteria. Do not apply for scholarships if you do not meet those specific criteria.

Multiples of eight copies as a packet must be submitted for each scholarship that you are applying for through the Permanent Endowment Fund for Martha's Vineyard.

Application deadline for all Permanent Endowment Fund Scholarships is March 15, 2006. Applications should be submitted to: Permanent Endowment Fund for MV, C/O Dukes County Savings Bank – Trust Dept. P.O. Box 602, West Tisbury, MA 02575

Applicant/Family Information

Student Name – Last _____ First _____ M.I. _____

Mailing Address – P.O. Box _____ Town, State, Zip _____

Street _____ Telephone _____

Residential Address _____

Both Parents'/Guardians' Names – Last _____ First _____

Last _____ First _____

Address (only if different from above) _____

No. of Siblings and Ages _____ No. of Siblings Attending College _____

Information on Current Educational Program

Presently enrolled at _____ Majoring in _____

Or

Presently applying to _____ Majoring in _____

Academic Information

Secondary school graduate of _____

Attach Transcript of Academic Record (Credits, Grade Points, Etc.)

SAT Verbal _____ SAT Math _____

Now Attending _____

Attach Transcript of Academic Record

Projected Costs: Tuition _____ Room & Board _____ Other Expenses _____

PERSONAL STATEMENT

Often we receive many highly qualified applications for this scholarship which are very similar in terms of grades, need, activities, etc. Tell us in a one page statement what makes you the most appropriate candidate. What makes you stand out?

Activities, Awards, Honors

List both school and community you have participated in during recent years.

Activity	No. of Yrs.	Offices Held	Awards/Honors

Applicant's Work Experience

List your work experience beginning with most recent.

Employer Name	Position Held	Dates	Hrs. Per Wk.	Total Amt. Earned

Applicant's Career Goals

Family Financial Data

Occupations of Both Parents _____

Parents' Adjusted Gross Family Income (Enter total amount of your and spouse's adjusted gross income for 2005 from IRS Form) _____

Untaxed Income & Benefits: i.e., Child Support, social Security, FDC, ADC., etc. _____

Medical & Dental Expenses Not paid by Insurance _____

Total Family Savings Available for Applicant's Education _____

Total Applicant Savings Available for Education (include projected summer savings) _____

Unique circumstances

Please report and explain any unique family or personal circumstances that may have adversely affected your academic progress or community service.

