



# MARK BAVIS LEADERSHIP FOUNDATION

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Country \_\_\_\_\_ Home Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Email \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Email \_\_\_\_\_  
 Brother(s)/Sister(s) & Ages \_\_\_\_\_  
 Brother(s)/Sister(s) attend High School or College at \_\_\_\_\_

Name of High School \_\_\_\_\_ Counselor's Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 GPA (4.0 Scale ) \_\_\_\_\_ SAT Score \_\_\_\_\_ Verbal \_\_\_\_\_ Math \_\_\_\_\_  
 List your favorite hobbies 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 Who is your favorite hero \_\_\_\_\_

*On a separate sheet of paper, please describe your leadership qualities and/or ways in which you have made a difference through your own personal efforts to help others.*

## Financial Aid Application

Winner's maybe required to submit a copy of last year 's income tax forms and a copy of a current pay stub for each working adult member of the house hold. If you do not file income tax forms, include a letter of validation from your source of income (I. E. Welfare Dept, Social Security, University).

Dependents, Age and Relationship \_\_\_\_\_

Who else lives in your household \_\_\_\_\_

Residence  Own  Single Family  Own Multiple Family  Rent

### Gross income for the previous year

Wages and salaries \_\_\_\_\_

Income from other sources \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Gross Income** \_\_\_\_\_

### Expenses

Medical (include insurance) \_\_\_\_\_

Rent or Monthly Mortgage (including Principal, Interest, and Taxes) \_\_\_\_\_

Tuition-Day School \_\_\_\_\_

Parochial School \_\_\_\_\_

Child Care \_\_\_\_\_

Number of Cars \_\_\_\_\_

Make \_\_\_\_\_ Year \_\_\_\_\_

Outstanding Loans \_\_\_\_\_

Total Monthly Loan Payments \_\_\_\_\_

**Total Expenses** \_\_\_\_\_

How much do you feel that you can afford toward tuition? \_\_\_\_\_

Please describe any special circumstances that affect your ability to pay regular tuition fees. \_\_\_\_\_

Signature of Adult \_\_\_\_\_ Date \_\_\_\_\_

**Please return application to: PO Box 320129, West Roxbury, MA 320310**