

The Vera H. and William R. Todd Foundation
Application for Scholarship

Bank of America, Trustee
101 East River Drive
CT2-550-04-01
East Hartford, CT 06108
Janneth.achury@bofa.com
860-244-4861

Policies and Guidelines

The Vera H. and William R. Todd Foundation was created "...to give primary consideration toward helping residents of Shelton and Derby...to further their education...in academic or professional fields..."

1. The Applicant must be: a) a current resident of Derby or Shelton, Connecticut, with continuous residence of a minimum of four years; b) a high school graduate or high school senior planning to attend college.
2. Recipients are eligible to re-apply for all four years of college. **Re-applicants must call in order to receive a re-application.**
3. **Complete the application in detail - answer all questions;** print or type, date and sign. Please present to parents or guardian to review and sign.
4. Each application is reviewed on the basis of financial need, scholastic ability, and extra-curricular involvement.
5. The **deadline** for filing the application is **MAY 1** for a scholarship award for the following academic year. Applications **must** be **POSTMARKED** by the deadline date.
6. You *must* request that your high school mail a transcript of your academic record, including class standing, and a complete record of your SAT scores to the Trustee. Also, if you are a college student, please have an **official** college transcript sent to the Trustee. **The preferred transcript is for a full year;** however, if not available until after **MAY 1, request a transcript for grades to date**. Unless prior arrangements are made with the Trustee, **any applications without an official transcript, as of MAY 1, will be considered incomplete.**
7. Please include a copy(ies) of the income tax returns for **each** parent. (Page one and Page two of the 1040/ 1040A + **Schedule C if either parent is self-employed**)
8. All correspondence, **two letters of recommendation**, and official transcripts should be sent to the Trustee at the above address.
9. Please contact Janneth Achury at 860-244-4861 (Janneth.achury@bofa.com) or Amy Lynch at 860.244-4870 with any questions regarding the application process.

I have read and understand the terms of this scholarship award and have read the completed application and declare that the information herewith submitted is true to the best of my knowledge and belief.

Student Name (*Please Print*)

Signature of Student / Date

Signature of Parent

Signature of Parent

A. Applicant Information:

Name: _____
First Middle Initial Last

Home Address: _____
No. Street
City or Town State Zip

Number of years at current address: _____

Telephone Number: _____ Email address: _____

Date of Birth: _____

Name and Address of Schools Attended:

Primary: _____ Graduated _____

Secondary: _____ Graduated _____

Higher (if any): _____ Graduated _____

Class Ranking or Grade Point Average in most recent school year: _____

SAT or ACT Scores: _____ ***(Pls. attach if not listed on transcript)***

B. Information Regarding the Educational Institution You Plan To Attend, or Are Attending:

Name and address of Institution: _____

Admitted: ☐ Yes ☐ No

Length of Studies: _____ Planned Graduation Date: _____

Date Classes Begin: _____ Years Attended to Date,
if now in College: _____

C. Family Data:

Father's Name: _____ Living? ☐ Yes ☐ No

Occupation: _____

Name of Organization: _____

Mother's Name: _____ Living? ☐ Yes ☐ No

Occupation: _____

Name of Organization: _____

Marital status of parents: ☐ Married ☐ Separated ☐ Divorced (Check one)

If divorced, please indicate the financial contribution of the non-custodial parent _____

*** Please either attach a separate sheet detailing ALL scholarships, grants, student loans etc or attach your Financial Aid Award letter from your school. Please be thorough or application will be deemed Incomplete.**

Information Regarding Finances - (continued)

Present Indebtedness Including Educational Loans

(Must be completed. If none, write "none".)

Creditor's Name and Address	Unpaid Balance	Nature of Collateral, if any
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E. Please indicate any Extra-curricular Activities (clubs, sports, hobbies, employment etc.):

F. Letters of Recommendation:

The Todd Foundation Committee requires **TWO** Letters of Recommendation:

High school students must provide at least one letter from a teacher or administrator.

College students must provide at least one letter from their current college. No letters will be accepted from high school teachers or administrators.

G. Please attach a sheet stating your personal and professional goals, and your assessment of the ways in which your high school, college, and community experience have played or will play a role in achieving those goals. (Please **type this section and try not to exceed 500 **words**)**

