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### THE PROGRAM

Because of the generosity and foresight of Elmer W. Greatrex, high school seniors and past recipients who are residents of Foxborough, Massachusetts, are eligible to apply for scholarship awards of \$2,500.

Elmer W. Greatrex was a lifelong resident of Eastern Massachusetts who made his living in the printing trade and who spent his later years in Foxborough. Although he was not able to attend college himself, he cherished the idea that he could help others continue their education beyond high school. In his will he left a generous bequest to create The Greatrex Scholarship Fund as a component fund of The Boston Foundation.

Working together with Scholarship America, The Boston Foundation assures that the intent and spirit of Elmer W. Greatrex will be carried out and maintained. One of the oldest community foundations in America, The Boston Foundation is a public charity that provides support to nonprofit organizations.

This scholarship program is administered by Scholarship America<sup>®</sup>, the nation's largest designer and manager of scholarship, and tuition reimbursement assistance and other education support programs for corporations, foundations, associations and individuals. Awards are granted without regard to race, color, creed, religion, sexual orientation, gender, disability or national origin.

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### ELIGIBILITY

Applicants to The Greatrex Scholarship Program must be -

- Bona fide residents of Foxborough, Massachusetts.
- Current high school seniors or past recipients who plan to enroll in full-time undergraduate study at an accredited two- or four-year college, university or vocational/technical school no later than the fall following high school graduation.

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### AWARDS

If selected as a recipient, the student will receive a \$2,500 award. Awards are not renewable but past recipients are eligible to reapply for up to three (3) additional years or until they earn a bachelor's degree, whichever occurs first.

Awards are for undergraduate study only.

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### APPLICATION

Interested students must complete the application and mail it along with a current, complete transcript of grades and completed applicant appraisal form to Scholarship America at the address below, **postmarked on or before March 30.**

Unofficial transcripts are acceptable but must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken.

Applicants will receive an email acknowledging receipt of their application. If an email is not received within three weeks, applicants may call Scholarship America to verify that their application has been received.

Applicants are responsible for gathering and submitting all necessary information. Applications are evaluated on the information supplied; therefore, answer all questions as completely as possible. Incomplete applications will not be evaluated. All information received is considered confidential and is reviewed only by Scholarship America.

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**SELECTION OF RECIPIENTS**

Scholarship recipients are selected on the basis of academic record, demonstrated leadership and participation in school and community activities, honors, work experience, statement of goals and aspirations, unusual personal or family circumstances, and an outside appraisal.

Selection of recipients is made by Scholarship America. In no instance does any officer or employee of The Greatrex Fund or The Boston Foundation play a part in the selection. All applicants agree to accept the decision as final.

All applicants will be notified in mid-May. Not all applicants to the program will be selected as recipients.

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**PAYMENT OF SCHOLARSHIPS**

Scholarship America processes scholarship payments on behalf of The Greatrex Scholarship Fund of The Boston Foundation. Payment is made in one installment on August 1.

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**OBLIGATIONS**

Recipients have no obligation to The Greatrex Scholarship Fund or The Boston Foundation. They are, however, required to notify Scholarship America of any changes in address, school enrollment, or other relevant information and to send a complete transcript if requested.

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**REVISIONS**

The Greatrex Scholarship Fund of The Boston Foundation reserves the right to review the conditions and procedures of this scholarship program and to make changes at any time including termination of the program.

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**CONTACT INFORMATION**

Contact us if you have any questions regarding the scholarship program.

**Postal mailing address:**

**The Greatrex Scholarship Program**  
Scholarship America  
One Scholarship Way  
Saint Peter, MN 56082

**Contact information for questions:**

Phone: (507) 931-1682  
Email: [ckleine@scholarshipamerica.org](mailto:ckleine@scholarshipamerica.org)

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline March 30

FOR SCHOLARSHIP AMERICA USE ONLY

I.D. #	AA	PD	RIC/CS	GPA	SATRW	SATM	ACTC	SP1	TOTAL

APPLICANT DATA

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Permanent Home Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Email Address (required for notification) \_\_\_\_\_

Please indicate your status. (For statistical purposes only)  Male  Female  
 American Indian/Alaska Native  Black/African American  Multi-Racial  White  
 Asian  Hispanic/Latino  Native Hawaiian/Pacific Islander

PARENT OR GUARDIAN DATA

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Address \_\_\_\_\_  
 Relationship to Applicant \_\_\_\_\_ Day Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Email Address \_\_\_\_\_

HIGH SCHOOL DATA

School Name \_\_\_\_\_ High School Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_

COLLEGE DATA

Name of college you plan to attend. (If unknown, please list in order of preference the top two colleges to which you have applied.)  
**Use official college names. Do not use abbreviations.**  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 4 yr. College or University  2 yr. Community or Junior College  
 Vocational-Technical School  Other, explain \_\_\_\_\_  
 College year for 2020-2021: 1st 2nd 3rd 4th 5th Enrollment status:  Part-time  Full-time  
 College Major: \_\_\_\_\_ Expected college graduation date: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Degree sought:  Bachelor  Associate  Certificate  Other \_\_\_\_\_

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

**WORK EXPERIENCE**

List all of your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Were you paid for your work?
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO

**ACTIVITIES, AWARDS AND HONORS**

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held.

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

**GOALS AND ASPIRATIONS**

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

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**UNUSUAL CIRCUMSTANCES**

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

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**APPLICANT APPRAISAL (REQUIRED)**

**To the Applicant:** This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school counselor or advisor, an instructor, or a work supervisor who knows you well.

**To the Adult Appraiser:** You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant's choice of a postsecondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Appraiser's Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Signature \_\_\_\_\_ Organization \_\_\_\_\_ Date \_\_\_\_\_

**TRANSCRIPT INFORMATION**

A complete transcript of grades **must** be sent with this application.

**HS seniors:** attach a transcript of grades and have the section below completed by a high school official (principal or guidance/advisor).

**College Undergraduates** (past recipients): attach an unofficial college transcript of grades (do not complete HS senior section below).

**High School Seniors Only:**

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average		SAT			ACT				
	Weighted: _____ /4.0 scale	Unweighted: _____ /4.0 scale	Critical Reading	Math	Writing	English	Math	Reading	Science	Composite

High School Official's Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

High School Official's Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**APPLICATION CHECKLIST**

The student is responsible for submitting all materials to Scholarship America on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application with completed Applicant Appraisal form
- Current, Complete Transcript(s) of Grades (including grading scale)

All materials, including transcript, should be post mailed to:

**The Greatrex Scholarship Program**  
 Scholarship America  
 One Scholarship Way  
 Saint Peter, MN 56082

**Postmark deadline March 30**

**CERTIFICATION AND SIGNATURE**

Scholarship America has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship America. (It is recommended you keep a copy for your files.)

*I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades. Falsification of information may result in termination of any award granted.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_