



Date: 4/15/20

Brookline High School Application for New Scholarship Award

(Please Print)

1. Title of Scholarship BHS Class of 1970 Gift

2. Please indicate the anticipated amount to be awarded Approx. \$8,000

3. What criteria do you wish to establish for the recipient?
(For example, to be given to a member of the tennis team, female or male, majoring in a certain field; etc.)
1. Financial Need
2. Community Involvement
3. Academic achievement

All Scholarship recipients are chosen by the Brookline High School Scholarship Committee. Scholarship payments are made directly to the institution where the student is enrolled unless prior arrangements have been made with the donor.

4. How is this scholarship to be funded? Please indicate below:
 A. One time, lump sum award.
 B. Each year from accumulated interest from a scholarship account held in the Treasurer's Office.
 C. A check will be sent to the Scholarship Committee each year. (Deposit - General Scholarship Fund)
 D. Other: _____

5. If this scholarship is in memory of a particular individual, please complete the following:
↓ Full Name: (Please Print) _____
↓ Living or Deceased _____
↓ Resident of Brookline (If so, when) _____
↓ Attended Brookline High School (If graduate, indicate _____
↓ Accomplishments/Honors :

6. Please give any other details explaining relationship to Brookline Public Schools:

7. Please explain history of Scholarship. Why is it being established?

To commemorate the 50th anniversary
 of the Class of 1970's graduation

8. Please list the contact person(s) who will be responsible for all communications regarding this scholarship. Please indicate complete names and addresses and phone numbers -- home and work.

CONTACT PERSON #1		CONTACT PERSON #2	
Full Name:	Carl Ship	Full Name:	John Bulian
Street	5 Rockledge Dr.	Street:	85 Peacedale Rd
City:	N. Falmouth	City	Needham
State:	MA	State:	MA
Zip:	02556	Zip:	02492
Home Phone:		Home Phone:	617 ⁷⁸¹ -444-7994
Work Phone:		Work Phone:	
Cell Phone:	617-538-3721	Cell Phone	617-818-5331
FAX #:		FAX#:	
Email:	cship1480@gmail.com	Email:	

9. Please designate the person(s) who will present this scholarship at our Annual Scholarship Breakfast in June?

Name:	TBD	Name:	TBD
Street:		Street:	
City:		City:	
State:		State:	
Zip:		Zip:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	

Please return this form to: Linda Wentzell Scholarship Coordinator, 115 Greenough Street, Brookline, MA 02445

If you have any questions regarding this form, please call the Scholarship Chairperson, Scott Butchart or Linda Wentzell at 617-713-5006.

cc: Ms. Robin Coyne, School Committee