



Date: _____

Brookline High School Application for New Scholarship Award

(Please Print)

1. Title of Scholarship Jennifer Polk Memorial Scholarship

2. Please indicate the anticipated amount to be awarded \$1000

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.)

This award will be given to a graduating Winthrop House student who has overcome significant adversity to complete school successfully.

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) Jennifer Polk
Deceased

✚ Living or Deceased _____

✚ Resident of Brookline (If so, when) no

✚ Attended Brookline High School (If graduate, indicate no

✚ Accomplishments/Honors :

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

Jen Polk was a beloved social worker at Winthrop House for 23 years. During her time in our therapeutic special education program she helped shape Winthrop House’s clinical program and informed our academic programming as the school population evolved. She served as a mentor to new staff as they began working at Winthrop House and was supervisor to social work interns from Boston area social work graduate students throughout her tenure at Winthrop House.

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

Jen passed away earlier this school year, and her loss was felt among WH staff, students, and alumni dating back for the last two decades. This scholarship was created to honor Jen’s dedication to the WH program and its students, particularly her commitment to meeting students where they are and helping them learn to navigate their own schooling while healing and developing independence and resilience skills they will use for the rest of their life.

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.

<u>CONTACT PERSON #1</u>	<u>CONTACT PERSON #2</u>
Full Name: Sarah Ladner Apollo	Full Name:
Street: 14 Alhambra Rd	Street:
City: West Roxbury	City:
State: MA	State:
Zip: 02132	Zip:
Home Phone: n/a	Home Phone:
Work Phone: 617-73-7647	Work Phone:
Cell Phone: 207-890-0845	Cell Phone:
FAX #:	FAX#:
Email: sarah_ladner_apollo@psbma.org	Email:

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

Name: Winthrop House Staff TBD	Name:
Street: 490 Heath St	Street:
City: Chestnut Hill	City:
State: MA	State:
Zip: 02467	Zip:
Home Phone: 617-739-7647	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: Robin Coyne, School Committee
 Treasurer’s Office
 Jan Lavoie, Comptroller’s Office