



Date: 4/3/17

**Brookline High School  
Application for New Scholarship Award**  
(Please Print)

1. Title of Scholarship Senato Marks Family Scholarship

2. Please indicate the anticipated amount to be awarded \$500.00

3. What criteria do you wish to establish for the recipient?

(For example, to be given preferentially to a member of the tennis team, majoring in a certain field; etc.)

To be given to a high achieving student who is involved in the BHS community. Preferably this student will be involved in the African American Latino Student program.

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:

We are parents of two BHS alumni

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

In appreciation of what BHS did for our children.

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:	Veronica Serrato	Full Name:	Richard Marks
Street	106 Fulton St.	Street:	106 Fulton St.
City:	Boston	City	Boston
State:	MA	State:	MA
Zip:	02109	Zip:	02109
Home Phone:	(617) 936-3919	Home Phone:	(617) 936-3919
Work Phone:	(617) 694-5949	Work Phone:	(617) 451-2717
Cell Phone:	(617) 216-9479	Cell Phone	(617) 571-2025
FAX #:		FAX#:	
Email:	Vserrato@gmail.com	Email:	Rmarks810@gmail.com

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

Name:	Gabriela Serrato Marks	Name:	
Street:		Street:	
City		City:	
State:		State:	
Zip:		Zip:	
Home Phone:		Home Phone:	
Cell Phone:	(617) 233-3298	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  
 Ms. Jan Lavoie, Comptroller's Office  
 Mr. Stephen Cirillo, Treasurer's Office  
 Mr. Michael D'Onofrio, School Department