

GRADUATE COBB SCHOLARSHIP INFORMATION

A portion of the funds given by **Frank and Ellen Cobb** are set aside each year to be awarded to past graduates of Hingham High School who are currently attending an institution of higher learning. All graduates of Hingham High School **who have completed at least one full year of undergraduate study** are welcome to apply for the Graduate Cobb Scholarships. Students who meet the above criteria are welcome to apply with the understanding that those students with larger financial need are given first consideration. Undergraduate students will also receive preference over graduate students. Thus, students in law school, medical school and other graduate programs are encouraged to apply with the understanding that undergraduate students will be given first priority.

Application Procedure

- **Complete and sign application**
- ***Submit a copy of the page that lists your “Student Aid Index” (SAI) (formally the “EFC” number** found on your FASFA report)***
- **Submit the **Financial Aid Award Letter** you receive from your school which should include if and how much you will be receiving from any **College Grants, Federal Pell Grants, Federal SEOG Grants, Federal Perkins Loans, Federal College Work Study, Federal Stafford Loans and Massachusetts State Grants.** *If no aid is received, submit a letter from your school stating that you will not be receiving any of the above listed aid.***
- **Submit a copy of your 2024-2025 invoice (or a copy of last year’s cost of attendance w/room and board)**
- **Submit a copy of your 2023-2024 college year transcript.**
- **Return application by 3:00 pm September 20, 2024.**

Return completed application and all supporting documents to:

Denise Stanley
Hingham High School
17 Union Street
Hingham, MA 02043
dstanley@hinghamschools.org
781-741-1560 x 2116

APPLICATION DEADLINE: September 20, 2024 by 3:00 pm (*Late applications will not be accepted*)

Recipients will be notified by mail on or before November 1, 2024.

**** ALL STUDENT INFORMATION IS KEPT STRICTLY CONFIDENTIAL ****
GRADUATE COBB SCHOLARSHIP APPLICATION

Name: _____

Address: _____

Email: _____

Cell Phone: _____

What year did you graduate from HHS? _____

Have you applied for the Cobb Graduate Scholarship in the past? _____

In 2024-2025:

The school I am attending is: _____

My Major is: _____

I will be a: *(check one)* Sophomore Junior Senior

Graduate Student

I will be attending: *(check one)* Full Time Part Time

The number of family members attending college full time (*not including yourself*) _____

Name of college they are attending: _____ Full Time Part Time

Name of college they are attending: _____ Full Time Part Time

Name of college they are attending: _____ Full Time Part Time

Name of college they are attending: _____ Full Time Part Time

Name of college they are attending: _____ Full Time Part Time

Number of family members who live in your primary household (**including parents**): _____

Age of Older Parent: _____

Financial Information

Who is responsible for your educational expenses (Please check one):

- Both Parents
- Mother only
- Father Only
- Step-Mother & Father
- Step-Father & Mother
- Other: _____

Based on your answer to the above question, please provide the following information. Only provide information for those individual(s) above that you checked are responsible for your educational expenses.

Parent's Income

Mother or Step-Mother's Occupation: _____
Annual Income: _____

Father or Step-Father's Occupation: _____
Annual Income: _____

YOU MUST include a copy of the page that lists your "Student Aid Index" (SAI) (formally the "EFC" number** found on your FASFA report)

Both student and parent signatures are required. By signing this application, you agree that **ALL** the information you provided on this application is accurate to the best of your knowledge. If you purposely give false or misleading information, you may forfeit the applicant's eligibility for all types of financial assistance through the Town of Hingham.

STUDENT SIGNATURE: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

This COMPLETED application MUST be returned by FRIDAY, SEPTEMBER 20, 2024 by 3:00pm.

Late applications will not be accepted.