Policies and Guidelines

The Vera H. and William R. Todd Foundation was created “...to give primary consideration toward helping residents of Shelton and Derby...to further their education...in academic or professional fields...”

1. The Applicant must be: a) a current resident of Derby or Shelton, Connecticut, with continuous residence of a minimum of four years; b) a high school graduate or high school senior planning to attend college.

2. Recipients are eligible to re-apply for all four years of college. **Re-applicants must call in order to receive a re-application.**

3. **Complete the application in detail - answer all questions;** print or type, date and sign. Please present to parents or guardian to review and sign.

4. Each application is reviewed on the basis of financial need, scholastic ability, and extra-curricular involvement.

5. The **deadline** for filing the application is **MAY 1** for a scholarship award for the following academic year. Applications **must be POSTMARKED** by the deadline date.

6. You **must** request that your high school mail a transcript of your academic record, including class standing, and a complete record of your SAT scores to the Trustee. Also, if you are a college student, please have an **official** college transcript sent to the Trustee. **The preferred transcript is for a full year;** however, if not available until after **MAY 1**, **request a transcript for grades to date**. Unless prior arrangements are made with the Trustee, any applications **without an official transcript**, as of **MAY 1**, will be considered incomplete.

7. Please include a copy(ies) of the income tax returns for each parent. (Page one and Page two of the 1040/1040A + **Schedule C if either parent is self-employed**)

8. All correspondence, **two letters of recommendation**, and official transcripts should be sent to the Trustee at the above address.

9. Please contact Janneth Achury at 860-244-4861 (Janneth.achury@bofa.com) or Amy Lynch at 860.244-4870 with any questions regarding the application process.

I have read and understand the terms of this scholarship award and have read the completed application and declare that the information herewith submitted is true to the best of my knowledge and belief.

__________________________
Student Name (Please Print)

__________________________
Signature of Student / Date

__________________________
Signature of Parent

__________________________
Signature of Parent
A. Applicant Information:

Name: __________________________________________

First    Middle Initial    Last

Home Address: __________________________________________

No.    Street

________________________________________ City or Town    State    Zip

Number of years at current address: _________

Telephone Number: ________________    Email address: ____________________________

Date of Birth: ____________________________

Name and Address of Schools Attended:

Primary: __________________________________________ Graduated _________

Secondary: __________________________________________ Graduated _________

Higher (if any): __________________________________________ Graduated _________

Class Ranking or Grade Point Average in most recent school year: ____________________________

SAT or ACT Scores: ____________________________ (Pls. attach if not listed on transcript)

B. Information Regarding the Educational Institution You Plan To Attend, or Are Attending:

Name and address of Institution: __________________________________________

Admitted:    o Yes    o No

Length of Studies: ____________________________ Planned Graduation Date: ________________

Date Classes Begin: ____________________________ Years Attended to Date, if now in College: ________________

C. Family Data:

Father’s Name: __________________________________________ Living? o Yes o No

Occupation: __________________________________________________________________________

Name of Organization: ___________________________________________________________________

Mother’s Name: __________________________________________ Living? o Yes o No

Occupation: __________________________________________________________________________

Name of Organization: ___________________________________________________________________

Marital status of parents:    o Married    o Separated    o Divorced (Check one)

If divorced, please indicate the financial contribution of the non-custodial parent ________________
Family Data - (continued)

Are brothers or sisters attending private or public school, or institutions of higher education?  ○ Yes  ○ No

If Yes, please indicate the following information for each brother or sister:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Institution</th>
<th>Year</th>
<th>Tuition Expense</th>
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Other substantial family circumstances and/or unusual expenses, such as incurred by prolonged illness, etc.:
(Please indicate nature and cost) ________________________________________________________________

Other family dependents: _________________________________________________________________

D. Information Regarding Finances:

**Estimate costs for the following annual expenditures:**

- Tuition - 1st Term
- 2nd Term
- 3rd Term (if Tri-mester)
- Other Fees
- Room/Board for _____ months:
- Personal
- **Grand Total**

**Estimate funds available:**

- Father’s Income
- Mother’s Income
- Total Family Income
- Family Savings
- Family Investments (stocks, bonds, etc.)
- Cash on hand
- Does your family Own or Rent your home?
  ○ Own Home  ○ Rent Home

If your family owns the home, please state its Equity Value (= Market Value minus Mortgage):

__________________________________________

Applicant’s Anticipated Earnings

* Loans
* Scholarship grants
Government Benefits
*Please either attach a separate sheet detailing ALL scholarships, grants, student loans etc or attach your Financial Aid Award letter from your school. Please be thorough or application will be deemed Incomplete.*

Information Regarding Finances - (continued)

Present Indebtedness Including Educational Loans
(Must be completed. If none, write “none”.)

<table>
<thead>
<tr>
<th>Creditor’s Name and Address</th>
<th>Unpaid Balance</th>
<th>Nature of Collateral, if any</th>
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E. Please indicate any Extra-curricular Activities (clubs, sports, hobbies, employment etc.):

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

F. Letters of Recommendation:

The Todd Foundation Committee requires **TWO** Letters of Recommendation:

- **High school students** must provide at least one letter from a teacher or administrator.

- **College students** must provide at least one letter from their current college. No letters will be accepted from high school teachers or administrators.

G. Please attach a sheet stating your personal and professional goals, and your assessment of the ways in which your high school, college, and community experience have played or will play a role in achieving those goals. (Please **type** this section and try not to exceed 500 **words**)

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________