# 19-20 Helen and George MacCormack Scholarship Application

The Helen and George MacCormack Scholarship was established to support students who are the first in their families to attend college. Students must also demonstrate financial need.

**Eligibility Criteria:**

- **Must be the first in family to attend college**
- **Must demonstrate financial need by completing a Free Application for Federal Student Aid by March 1, 2019**

*Please complete the following.*

_____ _____ _____
Last Name First Name Student ID Number

_____ _____ _____ _____
Permanent Street Address City State Zip

_____ _____ _____
Phone UMD Major Admit Term

_____
Expected Graduation Term

***The following items must also be included with this application form. Incomplete applications will not be considered.***

☐ Please answer the following questions:
- Are you the first in your family to attend college? YES NO
- Are you currently working to help finance your education? YES NO
  - If YES, please indicate the following:
    - Place/Name of Employer _____
    - Your position _____
    - Number of hours worked per week _____

☐ A one-page, typed statement addressing your financial need and the reason you are seeking this scholarship. Include high school activities, community involvement, memberships, and honors you have received. You may also include any other information about yourself that may be of interest to the committee, such as jobs, internships, or experiences

☐ Unofficial UMD transcript. Can be obtained at the Registrar's Office or through COIN

*I authorize release of my relevant demographic, academic and financial aid information to the selection committee and/or fund donor.* ***I understand that I must file the 2019-20 Free Application for Federal Student Aid (FAFSA) by March 1, 2019, to be considered for scholarship assistance.***

_____ _____ _____
Printed Name Signature Date

Please return completed application materials by **March 1, 2019,** to the Financial Aid Office, University of Massachusetts Dartmouth, Foster Administration Building Room 105, 285 Old Westport Rd. Dartmouth, MA 02747 or financialaid@umassd.edu

For Office Use Only
Date Received _____ Initials _____
Complete: Y N Coded: Y N