



## General Information

The SBM Charitable Foundation, Inc. ("SBMCF") invites scholarship applications for the 2024-2025 academic year, from students pursuing a two or four year undergraduate degree on a **full time** basis **at an accredited College or University in Connecticut**.

Applications must be hand delivered or received by U. S. Mail, and postmarked by **April 15, 2024**. **Applications will not be accepted via email or fax**. Applications received or postmarked after **April 15, 2024** will not be considered. This application becomes complete and valid only when you have returned **all** documentation indicated on the Eligibility Requirements checklist below. All documents should be sent in one package by the student or his/her current school.

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## Eligibility Requirements

- ♥ You must be a United States citizen, or U. S. National, and full-time resident of Hartford, Tolland, or Windham County.
- ♥ You must have earned a minimum 2.5 grade point average on a 4.0 scale, or be in the top 40% of your class in High School.
- ♥ **You must include a full copy of your submitted 2024-2025 Free Application for Federal Student Aid (FAFSA) or your valid 2024-2025 Federal Student Aid Report (SAR). Please see page 8 of this application for further instructions.**
- ♥ Your full name and last four digits of your social security number, as applicant, must **only** appear on page 2 of this application. All other pages should only include the last four digits of your social security number. To ensure a fair evaluation process, the members of the Scholarship Committee must **NOT** know the identity of the applicant during the selection process. Any information on subsequent pages that would reveal the applicant's name or full social security number may disqualify the application.
- ♥ You **must** be applying to, or attending, a two or four year **accredited college or university in Connecticut** on a full time basis.

Scholarship funding is awarded up to \$5,000 per recipient for one academic year and awardees may reapply for a renewal scholarship for up to a total of four undergraduate academic years.

Recipients of our undergraduate scholarship are also eligible to apply for financial support for full time graduate studies **at an accredited college or university in Connecticut**.

You must consent to giving the SBMCF permission to contact you, your current school, and/or the individual writing your letter of recommendation, regarding any question about your application and/or notification of any funding award. Recipients will be notified by mail in June 2024 and a listing of awardees' names will be displayed on our web site ([www.sbmfoundation.org](http://www.sbmfoundation.org)). Awards will be sent directly to the Connecticut College or University in June/July 2024.

Mail or hand deliver all materials to: Kelley Gunther, Scholarship Director  
SBM Charitable Foundation, Inc.  
935 Main Street, Level C, Suite B101  
Manchester, CT 06040

**Applications must be received or postmarked by April 15, 2024.**

If you have any questions about our scholarship program call (860) 533-1067, or email [kgunther@sbmfoundation.org](mailto:kgunther@sbmfoundation.org).



Last four digits of SS# \_\_\_\_\_

**Applicant Information**

**This is the ONLY area of the application where your identifying information should appear. Any reference to your name on subsequent pages may disqualify your application.**

Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: **Connecticut** Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Checklist:**

Before you submit your application package, verify that you have enclosed the following required information. **Any incomplete applications will be disqualified.**

- Applicant information page
- Extra-Curricular & Employment History
- Household Information
- Financial Information: Full copy of your 2024-2025 FAFSA/or SAR. Please see page 8 of this application for further instructions**
- Academic profile with official transcript, **including current grades for high school students**
- Letter of Recommendation
- Essay
- Acknowledgement of receipt of Scholarship Program Privacy Statement

How did you hear about our scholarship program?

- Our web site/Facebook page
- Newspaper
- Word of mouth
- School
- Other (please explain)

**Certification Section**

**In submitting this application, I/we certify that the information provided is complete and accurate to the best of my/our knowledge. If requested, I/we agree to submit proof of the information that is given on this form, including a copy of any US Income Tax Returns. I/we understand that falsification of information may result in termination of any scholarship granted and that this application and attached materials become the property of SBMCF. I/we consent to being contacted by the SBMCF about any questions regarding this application and for notification purposes regarding a possible funding award. I/we also give permission for the SBMCF to contact my current school regarding questions about information included with this application.**

Applicant's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian printed name: \_\_\_\_\_

Relation to  
Applicant: \_\_\_\_\_



Last four digits of SS# \_\_\_\_\_

**Extra-Curricular & Employment History**

How many hours per week do you spend doing activities other than schoolwork? (This includes clubs, sports, employment, and/or community involvement.) Please describe, using the space below or attach a copy of your resume:

Activity	Hours per week

**Household Information**

List all individuals who live in your household who will be dependent on your parent(s) during the period July 1, 2024 through June 30, 2025. Include yourself, parent(s) and siblings using generic terms, such as "brother", "sister", "mother", "father", or "self". Note if in school.

Persons living in Household	Age	Name of School/College	Full Time Student?	Lives at school?
"Self":				

**Additional Financial Information**

A. Please provide us with any additional information you think we should know about your financial needs.

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B. List other sources of funding/scholarships for which you have applied:

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Last four digits of SS# \_\_\_\_\_

**Academic Profile**

**Instructions:** This section **must** be completed and **SIGNED** by an official of your school.

The GPA **must** be reported as its equivalent on a 4.0 scale and certified by the school official. For high school students, class rank must be shown, and student must be in top 40% of class. College students must have a 2.5 GPA or higher.

Cumulative grade point average: \_\_\_\_\_ /4.0 scale – college students.

**School official's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School official's name & title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Address:**

\_\_\_\_\_ (Street) (City) (State) (Zip Code)

**Important:** Enclose your academic profile with official transcript, **including current grades for high school students**, from where you are currently attending high school or college. (The SBMCF staff will block out your name and social security number on the document, during our initial review.)

**College/Program Information**

**Connecticut** school you plan to attend during the 2024/2025 academic year (if you are undecided, list your first two choices):

\_\_\_\_\_ City \_\_\_\_\_ State: **CT**

\_\_\_\_\_ City \_\_\_\_\_ State: **CT**

- Four Year College or University
  - Two Year Community or Junior College
- Other: \_\_\_\_\_

**Class you will be entering in September 2024**  Freshman  Sophomore  Junior  Senior  
 Other: \_\_\_\_\_



Last four digits of SS# \_\_\_\_\_

### **Recommendation Form**

#### **Instructions for the applicant**

Include a letter of recommendation from your guidance counselor, teacher, coach, employer, clergy member, or another adult who knows you, but who is not a family member. The letter must be provided either in a sealed envelope, with the writer's signature appearing across the sealed part of the flap, or an email directly from the person writing the recommendation. **Open recommendations, or recommendations received by email from anyone other than the letter writer, will disqualify your application.**

**Please provide the following instructions to whomever you choose to write a recommendation for you:**

#### **Instructions for individual completing a letter of recommendation**

DO NOT include any information that would allow the reviewing Scholarship Committee to identify the applicant. Any reference to the applicant's name, parent/guardian's name, employer, or any association with the SBM Charitable Foundation, Inc. within the content of the evaluation will disqualify the application. Tell us how long you have known the candidate and in what capacity, and give us your candid opinion of this candidate as a scholarship applicant. Letters must be typed on official letter head, and contain the writer's full name, title, address, and phone number. Please include the last four digits of the student's social security number on the top of the page.

**Enclose the completed form or letter in an envelope; sign your name across the sealed flap of the envelope, and return it to the student. Do not mail the recommendation directly to the SBM Charitable Foundation; the document must arrive sealed, with the completed application package. If you choose to send the recommendation electronically, please send to [kgunther@sbfoundation.org](mailto:kgunther@sbfoundation.org), and indicate the student's name on the subject line of the email.**



## **Essay**

### **Instructions:**

**DO NOT** include any information that would allow the reviewing Scholarship Committee to identify you as an applicant. Any reference within the content of the essay to your name, parent/guardian's name, employer, or any association with the SBM Charitable Foundation, Inc. will disqualify the application.

Your essay must be a minimum of 300 words, but no longer than 500 words, and must be typed and double-spaced. Please be sure to include the last four digits of your social security number in the top right hand corner of the page(s).

### **Submit an essay on the following topic:**

**Describe your most significant challenge OR accomplishment. Explain its significance in your life.**



# Protecting Your Privacy

The SBM Charitable Foundation, Inc. ("the Foundation"/ "SBMCF"), maintains the highest level of confidentiality with respect to your scholarship application information.

Members of the Foundation staff are the only individuals who have knowledge of the names of the scholarship applicants. For all other individuals in the scholarship review process, the names of the scholarship applicants are not disclosed.

The Foundation may share your scholarship application information with the Foundation staff, the Foundation Scholarship Committee members, the financial analyst utilized by the scholarship staff and Scholarship Committee, and your high school, college, and/or university (collectively "third parties"). This limited sharing of your application information is used by the Foundation to help process your application, perform statistical analysis, send correspondence, provide student support, or to arrange for deliveries of scholarship packets and other related materials. Such third parties are prohibited from using your personal information except in performance of their services for the Foundation relating to your scholarship application, and all third parties are required to maintain the confidentiality of your information.

The Foundation does not sell, trade, or exchange your scholarship application information. Scholarship application visitors to the SBMCF website are not tracked in any way by the Foundation.

From time to time, the names of scholarship recipients may be listed in press releases and on the Foundation website. The Foundation, however, will only use the name of a scholarship recipient after receiving the scholarship recipient's permission.

I have read, and agree with, the above Privacy information regarding submission of an SBM Charitable Foundation, Inc. scholarship application. I agree/do not agree to receive further communication regarding my 2024-2025 application.

\_\_\_\_\_  
Applicant Signature date

\_\_\_\_\_  
Parent/Guardian Signature (if applicant is under age 18) date

**A copy of this page must be signed and returned with your scholarship application.**

**SBM Charitable Foundation, Inc.  
935 Main Street/Level C/Suite B101  
Manchester, CT 06040  
860-533-1067**

# Required Financial Information

You will need to submit a full copy of your most recently submitted 2024-2025 FAFSA/or SAR. If you have not already done so, you can find the Free Application for Federal Student Aid (FAFSA) at [www.fafsa.ed.gov](http://www.fafsa.ed.gov).

If your completed FAFSA/SAR shows "Transferred from the IRS" on any line, you must provide that information to us in the tables below. You can retrieve the necessary information from your **most recent** tax return.

Student's information:

Student's Adjusted Gross Income	\$
Student's U. S. Income Tax Paid	\$
Student's Exemptions Claimed	#
Student's Income Earned from Work	\$
Student's Deductible Payments to IRA/Keogh/Other:	\$
Student's Tax-Exempt Interest Income	\$
Student's Untaxed Portions of IRA Distributions	\$
Student's Untaxed Portions of Pensions	\$

Parents' information:

Parents' Adjusted Gross Income	\$
Parents' U. S. Income Tax Paid	\$
Parents' Exemptions Claimed	#
Parents' Deductible Payments to IRA/Keogh/Other:	\$
Parents' Tax-Exempt Interest Income	\$
Parents' Untaxed Portions of IRA Distributions	\$
Parents' Untaxed Portions of Pensions	\$

The above information must be provided to us in order for your application to be considered complete.