



The Head of Guidance Department/Scholarship Coordinator:

The family and friends of Mark Bavis have established a foundation in Mark's name to preserve his memory and to perpetuate the principles by which he lived every day and through which he touched the lives of many. Mark's work ethic helped him accomplish so much in such a short time. He was one of those quiet leaders who led by service and example.

September 11th, 2001 changed our lives forever. We are determined to create something good and lasting out of this tragedy. We are determined that Mark's spirit will endure and continue to enrich the lives of many.

We want to be certain that Mark is remembered by those who knew him and appreciated by those who never go the chance to do so. Our hope is that the Mark Bavis Leadership Foundation will allow deserving young men and women to enjoy opportunities and experiences similar to those which contributes to making Mark the person that he was.

We will accomplish this by providing selected recipients with annual grants ranging from \$1,000 to \$5,000 to be used as specifically requested for school tuition, summer programs and other appropriate extracurricular activities.

Any high school student in the Commonwealth of Massachusetts is eligible. The scholarship is not academically based, but is awarded on the basis of need. In addition, the committee will give more serious consideration to those students who have made efforts to make a difference in their communities and/or have shown leadership qualities within their school.

Please distribute the enclosed applications to those students that you believe are outstanding candidates for this year's scholarships. It is our hope that all candidates could return the applications prior to March 15th, 2010 so that the committee could make their decision and notify the winners prior to April 15th, 2010. Any assistance that you are able to provide to the Mark Bavis Leadership Foundation in this process is greatly appreciated.

Any questions can be directed to **Mike Bavis @617-851-7420 or by e-mail to [bavis@bu.edu](mailto:bavis@bu.edu)**.



**MARK BAVIS**  
LEADERSHIP FOUNDATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
COUNTRY: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
BIRTH DATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_  
MOTHER'S NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
FATHER'S NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
BROTHER(S)/SISTER(S) & AGES: \_\_\_\_\_  
BROTHER(S)/SISTER(S) ATTEND HIGH SCHOOL OR COLLEGE AT: \_\_\_\_\_

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NAME OF HIGH SCHOOL: \_\_\_\_\_ COUNSELOR'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
GPA (4.0 SCALE): \_\_\_\_\_ SAT SCORE: \_\_\_\_\_ VERBAL \_\_\_\_\_ MATH \_\_\_\_\_  
LIST YOUR FAVORITE HOBBIES: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
WHO IS YOUR FAVORITE HERO? \_\_\_\_\_

ON A SEPARATE SHEET OF PAPER, PLEASE DESCRIBE YOUR LEADERSHIP QUALITIES AND/OR WAYS IN WHICH YOU HAVE MADE A DIFFERENCE THROUGH YOUR OWN PERSONAL EFFORTS TO HELP OTHERS.

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**FINANCIAL AID APPLICATION**

A COPY OF YOUR LAST YEAR'S INCOME TAX FORMS AND A CURRENT PAY SLIP OF EACH WORKING ADULT MEMBER OF THE HOUSEHOLD MUST BE SUBMITTED WITH THIS FORM. IF YOU DO NOT FILE INCOME TAX FORMS, INCLUDE A LETTER OF VALIDATION FROM YOUR SOURCE OF INCOME (E. WELFARE DEPT., SOCIAL SECURITY UNIVERSITY). NO SCHOLARSHIP APPLICATION WILL BE ACCEPTED WITHOUT THE REQUIRED DOCUMENTATION.

DEPENDENTS, AGE AND RELATIONSHIP: \_\_\_\_\_

WHO ELSE LIVES IN YOUR HOUSEHOLD? \_\_\_\_\_

RESIDENCE:     OWN SINGLE FAMILY     OWN MULTIPLE FAMILY     RENT

GROSS INCOME FOR THE PREVIOUS YEAR

WAGES AND SALARIES \_\_\_\_\_  
INCOME FROM OTHER SOURCES \_\_\_\_\_

EXPENSES

MEDICAL (INCLUDE INSURANCE) \_\_\_\_\_  
RENT OR MONTHLY MORTGAGE INCLUDING PRINCIPAL, INTEREST AND TAXES \_\_\_\_\_  
TUITION-DAY SCHOOL \_\_\_\_\_  
PAROCHIAL SCHOOL \_\_\_\_\_  
CHILD CARE \_\_\_\_\_  
NUMBER OF CARS \_\_\_\_\_  
MAKE \_\_\_\_\_ YEAR \_\_\_\_\_  
OUTSTANDING LOANS \_\_\_\_\_  
TOTAL MONTHLY LOAN PAYMENTS \_\_\_\_\_  
TOTAL EXPENSES \_\_\_\_\_

TOTAL GROSS INCOME \_\_\_\_\_

HOW MUCH DO YOU FEEL THAT YOU CAN AFFORD TOWARD TUITION?  
PLEASE DESCRIBE ANY SPECIAL CIRCUMSTANCES THAT AFFECT YOUR ABILITY TO PAY REGULAR TUITION FEES.

SIGNATURE OF ADULT \_\_\_\_\_

DATE \_\_\_\_\_

PLEASE RETURN APPLICATION TO:    **P.O. Box 320129, West Roxbury, MA 02132**