



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 confident 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 got 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 contributed 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. The committee is looking for exceptional leaders and people who have proven this leadership within their school. In addition, the committee will give more serious consideration to those students who have made efforts to make a difference in their communities.

Please distribute the enclosed applications to those students that you believe are outstanding candidates or this year's scholarships. It is our hope that all candidates return their applications prior to March 15th, 2017, so that the committee can make their decision and notify the winners prior to May 15th, 2017. Any assistance that you are able to provide in steering the right candidates to the Mark Bavis Leadership Foundation is greatly appreciated.

Any questions can be directed to:

Mike Bavis @ 617-851-7420 or Patrick Bavis @ 617-212-0340 or pbavis@pecofct.com



MARK BAVIS

LEADERSHIP FOUNDATION

Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Country _____ Home Phone _____ Email _____
Birth Date _____ Social Security Number _____
Mother's Name _____ Email _____
Father's Name _____ Email _____
Brother(s)/Sister(s) & Ages _____
Brother(s)/Sister(s) attend High School or College at _____

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.

Financial Aid Application

Winner's maybe required to submit a copy of last year 's income tax forms and a copy of a current pay stub for each working adult member of the house hold. If you do not file income tax forms, include a letter of validation from your source of income (I. E. Welfare Dept, Social Security, University).

Dependents, Age and Relationship _____

Who else lives in your household _____

Residence Own Single Family Own Multiple Family Rent

Gross income for the previous year

Expenses

Wages and salaries _____ Medical (include insurance) _____

Income from other sources _____ Rent or Monthly Mortgage (including Principal, Interest, and Taxes) _____

_____ Tuition-Day School _____

_____ Parochial School _____

_____ Child Care _____

_____ Number of Cars _____

_____ Make _____ Year _____

Total Gross Income _____ Outstanding Loans _____

Total Monthly Loan Payments _____

Total Expenses _____

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: PO Box 320129, West Roxbury, MA 02132