



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 11<sup>th</sup>, 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 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 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 15<sup>th</sup>, 2018**, so that the committee can make their decision and notify the winners prior to May 15<sup>th</sup> 2018. 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 email [pbavis@pecofct.com](mailto:pbavis@pecofct.com)

*to Ms Dennis  
by MAR 9<sup>th</sup>*



# 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**

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: PO Box 320129, West Roxbury, MA 02132**