

FOR IMMEDIATE RELEASE
March 2, 2015

FOR FURTHER COMMENTS/QUESTIONS:
LOUISE CIULLA (203) 288-5195 or [loiulla @yahoo.com](mailto:loiulla@yahoo.com)

Application forms for the Elizabeth Doyle Memorial Scholarship Fund are available, beginning **March 9**. This fund was established to honor the memory of former North Haven resident and educator, Elizabeth Doyle, and to assist anyone who plans to pursue a Bachelor's or Master's degree that will result in the appropriate qualifications for a teaching career. Interested applicants must demonstrate that they need financial assistance in order to continue school and teach upon graduation.

Application forms are available in the North Haven First Selectman's office in Town Hall and in the North Haven Community Services offices in the Town Hall Annex on Linsley Street in North Haven. Application forms are also available on the Town of North Haven webpage: www.northhaven-ct.gov (click on "Announcements"). All completed forms must be hand-delivered or mailed to the North Haven First Selectman's office on or before **April 20**. The mailing address is: First Selectman's office (Att: Elizabeth Doyle Scholarship), North Haven Town Hall, 18 Church Street, North Haven, CT 06473.

An independent committee, working under the auspices of the Community Foundation for Greater New Haven, is responsible for overseeing the application and selection processes. The disbursement of funds is administered completely by the Community Foundation for Greater New Haven. Past applicants are welcome to reapply. For further information, please contact Louise Ciulla at loiulla@yahoo.com.

THE 2015 ELIZABETH DOYLE MEMORIAL SCHOLARSHIP FUND

WHAT IS THE ELIZABETH DOYLE MEMORIAL SCHOLARSHIP FUND?

The Elizabeth Doyle Memorial Scholarship Fund is administered by a group of volunteers who believe, as Elizabeth Doyle did, that education is the foundation of a life of greater opportunity and fulfillment and that educators are needed to assist in meeting the many challenges and problems that confront us. This fund was established to enable future educators to realize their goals. It is designed to assist anyone who plans to pursue a Bachelor's or Master's degree that will result in the appropriate qualifications for a teaching career.

WHO IS ELIGIBLE FOR AN ELIZABETH DOYLE MEMORIAL SCHOLARSHIP?

All applicants shall:

1. Be accepted by an accredited college and be in pursuit of a Bachelor's or Master's degree
2. Have a realistic plan for continuing their education
3. Reside preferably in North Haven, CT
4. Need financial assistance in order to pursue their education
5. Plan to teach upon graduation from college or graduate school

HOW LARGE ARE THE SCHOLARSHIPS?

The amount varies from year to year, but recipients can expect grants of approximately \$1,000.

HOW DO I APPLY FOR AN ELIZABETH DOYLE MEMORIAL SCHOLARSHIP?

You may obtain an application form at the North Haven Community Services Office or the North Haven First Selectman's office. They are also available on the Town of North Haven webpage: www.northhaven-ct.gov (click on "Announcements"). Forms are available beginning March 9. The application asks questions about your college plans and your need for financial assistance. One page has questions for a parent or guardian to answer. You will also be asked to write an essay describing your plans to pursue a teaching career.

On or before April 20, please hand-deliver the completed application to the North Haven First Selectman's office or mail it to: First Selectman's office (Att: Elizabeth Doyle Scholarship), North Haven Town Hall, 18 Church Street, North Haven, CT 06473 and be sure to include:

1. Your statement of interests and plans to teach
2. A copy of your family's income tax return (Form 1040 or 1040A). If your family did not file a tax return, documentation of the source and amount of income are acceptable.
3. High School students must include a current high school transcript. College students and graduate students must obtain and include the most current college transcript.

***Note: Incomplete applications will not be considered.**

Please ask your counselor to submit a copy of your school record. It is your responsibility to ensure that all of the information is completed correctly. It is also your responsibility to find out what colleges have accepted you and what financial aid they have offered. If a college has not informed you of its decision by April 28, be sure to seek this information before a possible interview.

WILL AN INTERVIEW BE REQUIRED?

If an interview is necessary, a member of the committee will contact you. We may want to know if there have been any changes in your educational plans since you filled out the application, and/or how well you have planned for your continuing education. Do you know what the annual costs and expenses will be? Do you have a plan to finance these expenses? Do you know if the program of studies will meet your career objectives?

We may also want to meet you in person and give you an opportunity to tell us your story. We will try to answer any questions that you may have.

HOW DO I FIND OUT IF I HAVE WON A SCHOLARSHIP?

By the end of May (approximately), you will be notified by a member of the Elizabeth Doyle Memorial Scholarship Committee or from the Community Foundation for Greater New Haven if you have received a scholarship.

HOW WILL I RECEIVE MY AWARD?

The Community Foundation of Greater New Haven manages the disbursement of money.

FOR FURTHER INFORMATION, WRITE TO:

THE ELIZABETH DOYLE MEMORIAL SCHOLARSHIP FUND
c/o Mrs. Louise Ciulla
107 Mowry Street
North Haven, CT 06473

2015
ELIZABETH DOYLE MEMORIAL SCHOLARSHIP
APPLICATION FORM
TO BE COMPLETED BY STUDENT

Date _____
Name _____
High School/College _____
Year _____
Counselor _____

Please answer all questions on this application and have a parent or guardian fill out the income information. If you are self-supporting, you should answer these financial questions yourself. Be sure to attach a copy of your income tax return, (Form 1040, 1040A, or equivalent), or if you do not file a federal tax return, documentation of the source and amount of your income. **W-2 FORMS WILL NOT BE ACCEPTED. WE WILL NOT CONSIDER THE APPLICATION IF YOU DO NOT ATTACH A COPY OF THE TAX RETURN OR OTHER DOCUMENTATION OF YOUR SOURCE OF INCOME.**

Full Legal Name _____

Date of Birth _____

Phone#s _____ Email _____

Home Address _____

Are you supporting yourself? _____

If so, are you employed? _____

Where is your place of employment? _____

Are you supporting anyone else? _____

If yes, whom? _____

Are you supported by your parents? _____

If yes, please complete the following information:

Father/Guardian Name _____ Occupation _____

Place of Employment _____

Mother/Guardian Name _____ Occupation _____

Place of Employment _____

Number of sisters/brothers? _____ What are they doing? Working/School? _____

Are they living at home?

Did any of your immediate family attend college?

If yes, who? _____

Which School(s)? _____

Have you taken the SAT/ACT? _____

What are your scores? M _____ V _____

For applicants not currently enrolled in a college or university, please list the institutions to which you have applied, in order of preference and circle the ones that have accepted you. Please include tuition and other costs for each school, so we can better evaluate your total costs.

(1) _____ Tuition/Room & Board _____

(2) _____ Tuition/Room & Board _____

(3) _____ Tuition/Room & Board _____

(4) _____ Tuition/Room & Board _____

Are you working now? _____ Where? _____ How many hours/week? _____

How much money will you and/or your family save by the beginning of this college year?

Have you or are you applying for Financial Aid? _____ Have you received any? _____

From where/How much?

Have you ever applied for an Elizabeth Doyle Scholarship? _____ Did you receive an award?

If so, how much money did you receive? _____

Please give the names, addresses and phone numbers of two individuals, (not relatives), whom the committee may contact as references.

(1) _____

(2) _____

**Your application must be complete with all requested information. Remember to include a copy of your high school record or a complete and current college transcript. If you have received your Financial Aid Award from a college that you will be attending in the fall of 2015, please enclose a copy.*

***Once again, we emphasize that incomplete applications will not be considered.**

FINANCIAL INFORMATION

TO BE COMPLETED BY HEAD OF HOUSEHOLD

To assist the Awards Committee in making the best decisions possible in allocating the limited amounts of resources available, it is important to know your family income. This information will be seen only by the Awards Committee and will be kept strictly confidential. Please indicate below your family income and attach a copy of your Federal Tax Return, Form 1040, 1040A, or equivalent. If you did not file income taxes for 2014, you must attach proof of income documents. Your combined family income for 2014 from all sources (include Veteran's Benefits, State Aid, Social Security, etc.) total:

Less than \$30,000 _____

Between \$30,000-\$40,000 _____

Between \$40,000-\$50,000 _____

Between \$50,000-\$60,000 _____

Between \$60,000-\$70,000 _____

\$70,000 or more _____

Are there extra dependents, medical bills, other children in college, other responsibilities or unusual circumstances that the Award Committee should consider? If so, please explain them in more detail on a separate sheet of paper.

Signature of Head of Household

Signature of Student Applicant

ESSAY

Please submit a one-page, autobiographical sketch that includes your interests, ambitions and plans to pursue a teaching career and discuss your goals as a prospective educator. Please attach your essay to your application.