

THE MARK BOICE GERMAIN AND MILDRED BOICE GERMAIN FUND A College Scholarship Fund for Residents of Conway Academic Year 2025-2026

This Charitable Trust was established in 1985 under the will of Mark Walter Germain and is known as the "Mark Boice Germain and Mildred Boice Germain Fund." He directed that this fund be established ". . . to grant funds to those Conway residents whose parents or guardians cannot afford such child's college expenses, and any applications that such applicants have made for other private and government scholarships have resulted in an insufficient amount of funds to allow the furtherance of their education without additional monetary support."

WHO IS ELIGIBLE?

Any resident of Conway who has resided and/or whose parents have resided in Conway for not less than two years prior to the date of application shall be eligible.

WHAT ARE THE EDUCATIONAL REQUIREMENTS?

Anyone seeking to further their education by attending college is eligible to apply. The actual awards will be made by the Conway Selectboard or their designees. The applicant's need, character, scholastic ability, integrity, and civic involvement will be considered in granting awards. Any awards made shall be contingent upon the applicant's acceptance into the educational program designated, either as a college undergraduate or graduate student.

HOW MUCH ARE THE AWARDS?

Awards to any one student shall be limited to the cost of tuition and textbooks and are not to exceed \$2,500 annually. Any applicant may receive scholarship awards during several years of his/her education. Applicants are required to re-apply each year for consideration.

WHERE DO I APPLY?

Scholarship forms will be available at the Town of Conway Town Office, 32 Main Street, Conway; online at https://conwayma.gov/; the Frontier Regional School guidance office, and the Franklin County Technical School guidance office. Completed applications **must be received no later than**_noon on **Friday, April 18, 2025**, regardless of the date of the postmark. Send your forms to the Conway Selectboard, PO Box 240, Conway, MA 01341.

MAY I RE-APPLY FOR SUBSEQUENT YEARS?

Students may re-apply for each year they meet the educational and financial requirements. See the application packet requirements below.

Mark Boice and Mildred Boice Germain Scholarship Application Packet Requirements & Rules 2025-2026 Academic Year

Application Packet Requirements:

- 1. Completed application packet for Mark Boice and Mildred Boice Germain Scholarship
- 2. Three letters of recommendation, including:
 - a. One letter from either the principal or guidance counselor of the school the applicant is a graduate of and to include size of class and the student's position in that class, and the cumulative grade point average.
 - b. Two letters from adult citizens of Conway, other than relatives, attesting to the applicant's character regarding conduct, citizenship, and leadership.
- 3. A certified transcript or photocopy of the high school or college grades of the applicant.
- 4. A copy of ACT, SAT or GRE test scores.
- 5. Students who are re-applying for funding need only to submit the Financial Assistance Questionnaire, the Academic Questionnaire, and a copy of the latest transcript from the college they have been attending. (They do NOT need to submit the information in items 2 and 4 above).

Rules:

- 1. The applicant and his/her parents or guardians must have resided in Conway for two years preceding the application.
- 2. Applicants must be in their senior year of high school or attending undergraduate or graduate school. Students may re-apply (see #5 above for re-application requirements).
- 3. The scholarship must be used within fifteen months of the date of award.
- 4. Completed applications must be delivered to the Selectboard, Town of Conway before noon on **Friday**, **April 18, 2025**. **Incomplete applications will not be accepted.**
- 5. The decisions of the judges shall be final.
- 6. Half the award shall be paid for the first semester upon submission of a bill from the applicant's college. The balance shall be paid upon submission of a second semester bill, but no later than fifteen months following the awarding of a scholarship. The applicant will be reimbursed directly from scholarship funds. This can only occur if the applicant presents documentation that the semester's bill is **paid in full**. **The funds will not be sent to the student's school but to the student directly.**
- 7. The applicant must return the completed application to:

Selectboard, Town of Conway P.O. Box 240 Conway, MA 01341

Mark Boice and Mildred Boice Germain Scholarship Financial Assistance Questionnaire 2025-2026 Academic Year

	Mr./Ms						
	Last Name Permanent mailing address:		First Name		Middle Initial		
		Street	City		State	Zip	
	E-mail address:		Telepho	one number:			
В.	INCOME, EXPENSE,	AND ASSET D	ATA (January	1 - December 3	1, 2024)		
	u are claimed as a dependen completed tax return – IRS				ection, us	ing info	ormation fro
	1. Adjusted gross income					\$	
	2. Total U.S. income tax				:	\$	
	3. Income earned from w4. Income earned from w				:	\$ \$	
	5. Untaxed income and b		ecurity, AFDC,	ADC, other	:	\$	
	6. Medical/Dental expens				;	\$	
	7. Cash, savings, bonds, 8. Total number of exemp		accounts, CDs,	notes, etc.		\$	
C.	ADDITIONAL INFOR	MATION					
•	ou apply to a post-secondar cademic year?	ry school for nee	ed-based financia	al aid	¤ _{Yes}		¤ No
If yes	s, what was your unmet need	d, as calculated	by the financial	aid office?	:	\$	
You	or your parent's marital stat	us is: ¤ single	e m married	x separated	z divo	orced	g widowed
	number of family members ne during the 2023-2024 aca				at least		
I was	awarded a Germain Schola	urship for: \	₂₀₂₁₋₂₂ ¤ ₂₀₂	₂₋₂₃ ¤ ₂₀₂₃₋₂	24 ¤ 202	24-25	

Mark Boice and Mildred Boice Germain Scholarship Financial Assistance Questionnaire (continued) 2025-2026 Academic Year

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All of the information on this form is true and complete to the best of my/our knowledge. If asked by an
authorized official, I/we agree to give proof of the information that I/we have given on this form. I/we realize
that this proof may include a copy of my/our 2024 U.S. and/or state income tax return. I/we also realize that if
I/we do not give proof when asked, the student may not get paid.

Applicant's Signature	
Parent 1 Signature	
Parent 2 Signature	
Date Completed	

E. CERTIFICATE OF NEED

I/We understand that the Mark Boice and Mildred Boice Germain Scholarship is only available to those students truly in need. I/we, as guardians or parents of the applicant/as the applicant, cannot afford the expenses for the education of our child/myself in excess of any amounts which he or she/I will receive from other government scholarships or loans and other private scholarships and our child/I cannot continue the furtherance of his or her/my education without financial assistance.

Applicant's Signature	
Parent 1 Signature	
Parent 2 Signature	
Date Completed	

Mark Boice and Mildred Boice Germain Scholarship Town of Conway Selectboard, PO Box 240, Conway MA 01341

Mark Boice and Mildred Boice Germain Scholarship Academic Questionnaire 2025-2026 Academic Year

Applicant Name:		
A. Why would receiving this scholarship be important to you?		
B. What course of study do you plan to pursue and why?		
C. Describe your involvement in school or community activities.		
D. From what secondary school did/will you graduate? In what yes	ar did/will you graduate?	
E. Academic institution or program where scholarship funds will b	pe used:	