Exhibit 1

FRANKLIN PARK DEVELOPMENT TENANTS ASSOCIATION PATRICIA A, MAYO SCHOLARSHIP

A Four Year Scholarship for Franklin Highlands Youth Pursuing College

	All completed appli	cations are due	on, <u>20 </u> .
	I. Person	al and Parental	Information
1.	First Name:	Middle Initial:	Last Name:
2.	Student's Social Security Number: _	, , , , , , , , , , , , , , , , , , ,	
3.	Address;		
	Clty:	_State:	Zip:
4.	Home Telephone:	Cell Phone:	·
5,	E-mail Address:		
6.	Date of Birth (mm/dd/yyyy):		7. Gender: Male or Female
8,	Place of Birth:		
	City: St	tate:	Country:
9,	Are you a citizen of the United States	s? Yes	No
	If no:		

- A U.S. permanent resident with a Permanent Resident Card (I-551)
- A conditional permanent resident (I-551C)
- A holder of an Arrival-Departure Record (I-94) from the Department of Homeland Security showing any of the following designations: 'Refugee', 'Asylum Granted', 'Parolee' (I-94)

Applicants are required to be a U.S. Citizen or eligible non-citizen. We consider you to be a non-

citizen if you are:

(Confirms paroled for a minimum of one year and status has not expired); or 'Cuban-Haitian Entrant' 10. With whom does the scholarship applicant live? Both Parents Mother only Father only Guardian(s) Other (please specify) 11. Name of Mother (or Female Guardian):______ First Last MI 11a. Address (if different from student's): 11b. Occupation: 11c. Place of Employment: 11d. Employment Address: 11e. Work Telephone: 11f. Highest Educational Level (please check one): Less Than High School High School Graduate College Graduate Post Graduate Degree 12. Name of Father (or Male Guardian): MI Last First 12a. Address (if different from student's): 12b. Occupation: 12c, Place of Employment: 12d. Employment Address: 12e. Work Telephone: _____ 12f. Highest Education Level (please check one): Less Than High School High School Graduate College Graduate Post Graduate Degree

13. Language(s) spoken at home (please list all):	
II. Educational Information	
14. Name of High School:	_
15. Street Address:	-
16. Telephone Number:	-
17. Dates of Attendance:	
18. Date of Graduation:	
19. Guldance Counselor:	
20. Principal:	
21. Previous School (If applicable):	
22. Grade Point Average (on a 4.0 scale):	
23. SAT Scores:	
Verbal: Math:	
ACT Score (If applicable):	
TOEFL Score (If applicable):	
24. Do you plan to attend a college or university in the Fall of 2014? Yes No	
25. Name of College or University you plan to attend in the Fall of 2014:	,
26. Date you expect to graduate from college or university:	_ (month/year)

27	Intended Major(s):
	Do you feel that your grades in school are a true reflection of your ability? Yes No
	28a. Please explain your response. If necessary, attach a separate sheet of paper.
	<u> </u>
29.	Do you have a criminal history or record? Yes No
30,	Have you ever been suspended or expelled from school? Yes No
	30a. If yes, please explain the circumstances (use a separate sheet of paper if necessary).
H	ave you had any disciplinary issues in school? Yes No
31a.	If yes, please explain the circumstances (use a separate sheet of paper if necessary).

31.

32.	Please describe your community service activities. Attach a separate sheet of paper if necessary.					
	Organization/Group	Description of Activity	Dates of Involvement	Frequency of Involvemen		
	,					
3,	List academic awa	ards, clubs, and extracurric	ular activities. Attach a sep	arate sheet If necessary.		
	List academic awa		ılar activities. Attach a sep			
	·		ular activities. Attach a sep			
3.	·		ular activities. Attach a sep	arate sheet If necessary. Dates of Involveme		
	, i		ılar activitles. Attach a sep			
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	III. Financial Information
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35.	Have you declared yourself legally independent? Yes No
36.	Number of family members in your household (include parents and all dependents):
37.	Annual household income:
38,	Estimate your total college or university expenses for one year:
	Please include a copy of the Financial Aid Award letter from the college you plan to attend.
39.	Please list all sources of financial support that will help with your educational expenses
	Sources Amounts
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40.	Are there any special circumstances affecting your financial status? Please explain.
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IV. Essay

You are required to submit one essay. The essay must be typed, double-spaced with one inchemargins. The suggested font is Time New Roman and the font size is 12. The essay of 500 - 1500 words must be on one of the following topics:

- A. Describe your ideal college experience and what you hope to gain out of your time at college.
- B. Write a brief autobiography and describe key incidents in your life that have made you the person that you are.
- C. Discuss your professional and personal goals and how the pursuit of higher education will help your achieve those goals.

Name of Scholarship	Applicant:		
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Dear Principal, Guidance Counselor, Teacher, Minister, Civic Leader, Employer or Mentor:

The student named above has applied to the Patricia A. Mayo College Scholarship Program. The scholarships are available to eligible seniors who live in the Franklin Highlands community, who have been involved in their Boston community and who have been accepted to a college or university for the Fall of 2014. The Patricia A. Mayo Scholarship will provide funding for students' learning and related expenses.

Please give your completed recommendation to the student in a sealed envelope with your signature across the seal of the envelope so he or she can submit the letter with the application. All materials are due by 5:00PM on April 30, 2014. Thank you.

Sincerely,

V. Letter of Recommendation

Current School Official (Principal, G	uidance Counselor or Teacher)
Student:	
	e grateful for your candid comments about the applicant. This
Your Name:	Position:
Signature:	Date:
	E-mail:

VI. Parent Letter

Student:	
Name of parent/guardian:	
Signature of parent/guardian:	Date:
***************************************	**********
Dear Parent or Guardian,	
bear Farent of Guardian,	
The Scholarship Committee requires a statement explaining how college expe	nses will be met.
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VII. Disclosure Statement

Name of applicant:	
 I hereby certify that all of the information contained in this appli knowledge, true and correct. I prepared the essay submitted wi understand that the information contained in this application be Franklin Highlands Development Tenants Association, a 501 (c) (th this application. I
We (applicant and parent/guardian) acknowledge that we waive confidential recommendations for the applicant lists of the second confidential recommendations for the applicant lists of the second confidential recommendations for the applicant lists of the second confidential recommendations for the second confidential recommendation confidential recommendations for the second confidential recommendation confidential recomm	our right to read the
confidential recommendations for the applicant listed above.	
Name of parent/guardian:	_
Signature of parent/guardian:	Date:
Name of applicant:	_
Signature of applicant:	Date: