

FELLOWSHIP APPLICATION

WALTER S. BARR FELLOWSHIP  
FOR FULL TIME STUDY ONLY

Walter S. Barr Fellowships for graduate study are open to residents of Hampden County, MA

1. Name \_\_\_\_\_
2. Permanent address \_\_\_\_\_ Tel. \_\_\_\_\_
3. Present address (if different) \_\_\_\_\_ Tel. \_\_\_\_\_
4. E-mail address \_\_\_\_\_
5. Secondary School work at \_\_\_\_\_
6. Dates of attendance \_\_\_\_\_
7. College or university attended for undergraduate work:
  - A. Name of college or university \_\_\_\_\_ Dates attended \_\_\_\_\_
  - B. Major course of study \_\_\_\_\_

If you have attended more than one college/university for undergraduate work, fill out C & D.

- C. Name of college or university \_\_\_\_\_ Dates attended \_\_\_\_\_
  - D. Major course of study \_\_\_\_\_
8. Have you done any graduate work thus far? \_\_\_\_\_
  - A. Name of college or university \_\_\_\_\_ Dates attended \_\_\_\_\_
  - B. Major course of study \_\_\_\_\_
9. Future plans for graduate work \_\_\_\_\_
10. Accepted at \_\_\_\_\_  
\_\_\_\_\_
11. Applications pending at \_\_\_\_\_  
\_\_\_\_\_
12. Course of study \_\_\_\_\_ Starting date \_\_\_\_\_
13. What graduate entrance examinations or similar tests have you taken?

Name of test \_\_\_\_\_ Date of test \_\_\_\_\_

14. Prizes, academic distinctions, or awards of merit \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

15. If your education has been interrupted, please indicate what you were doing when not attending college.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. If you would like the Selection Committee to be aware of any additional information regarding your ability to pay for your educational and personal expenses during the next academic year, please use the space below for your comments.

17. Please attach a statement of your accomplishments thus far in the areas, for example, of languages, music, sports, community involvement, etc.

18. Please include additional information which will be helpful to the Committee in considering your application, including a specific statement of your plan of study, and your general intentions if an award is made to you.

Please list the three individuals you will use as references.

Name \_\_\_\_\_ E-mail address \_\_\_\_\_

Name \_\_\_\_\_ E-mail address \_\_\_\_\_

Name \_\_\_\_\_ E-mail address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

CONFIDENTIAL FINANCIAL STATEMENT

Walter S. Barr Fellowship  
The Horace Smith Fund  
1441 Main Street  
Springfield MA 01103

Applicant's name \_\_\_\_\_

1. Student's (and spouse's) income for current year \_\_\_\_\_
  - a. Wages, salary, tips \_\_\_\_\_
  - b. Taxable and non-taxable interest and dividends \_\_\_\_\_
  - c. Other income \_\_\_\_\_  
(please explain) \_\_\_\_\_
  - d. Total \_\_\_\_\_
  
2. As of this date, what is the approximate total value of your (and your spouse's) savings accounts, checking accounts, CDs, stocks, trusts, and other financial assets? \_\_\_\_\_
  
  
3. Please itemize any scholarships, fellowships and grants which you will receive next year and the amounts of the awards. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. What is your current educational indebtedness? Please itemize.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. What is the anticipated cost for the coming year of your educational program? Please itemize.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. What resources do you anticipate to pay for the above expenses?

7. If you would like the Selection Committee to be aware of any additional information regarding your ability to pay for your educational and personal expenses during the next academic year, please use the space below for your comments.

I attest that this is true and complete and recognize that the committee has the right to request a copy of my 1040 form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

WALTER S. BARR FELLOWSHIPS

For graduate study for residents of Hampden County, MA  
who have been or are about to be graduated from college.

CONFIDENTIAL REPORT ON \_\_\_\_\_  
Address \_\_\_\_\_  
Who attended \_\_\_\_\_

To the reference \_\_\_\_\_  
The person named above has applied for a Walter S. Barr Fellowship and has given your name as a reference. Please answer the questions below and rate the applicant in comparison with other students whom you know.

1. How long and how recently have you known the applicant and in what connection?

\_\_\_\_\_  
\_\_\_\_\_

2. What opportunity have you had for judging the applicant's merit?

\_\_\_\_\_  
\_\_\_\_\_

3. What can you say regarding the applicant's need for assistance?

\_\_\_\_\_  
\_\_\_\_\_

4. Please check the appropriate ratings below. "Superior" means the first tenth of college students generally. If you lack basis for a fair judgment, do not hesitate to say so.

QUALITIES	Superior	Good	Average	Below Average	Don't Know
-----------	----------	------	---------	---------------	------------

Scholastic ability  
Intellectual curiosity  
Industry  
Character and dependability  
Emotional stability  
Social adaptability

IMPORTANT. Please state below any further information, whether favorable or unfavorable, which you think the Fellowship Committee should have before making its decision. Why do you consider the applicant a good candidate for this award?

**This form should be returned, either by mail or electronically, directly to the Secretary, Horace Smith Fund, 1441 Main Street, Springfield, MA 01103. Please return it promptly.**

**Signature** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**E-mail address** \_\_\_\_\_

**Date** \_\_\_\_\_