THE CLARKS COMPANIES
FOUNDATION
156 Oak Street, Newton Upper Falls, MA 02464

The Clarks Companies Foundation Employee Scholarship Program

The Clarks Companies Scholarship Program was established to provide scholarships to the children of Clarks Companies N.A. employees.

This Scholarship Program helps students meet the costs of higher education at colleges, universities, vocational and technical schools, and nursing programs. The Clarks Companies awards up to $25,000 in scholarships each calendar year.

Scholarship awards are based on financial need, academic ability, references and personal potential.

Eligibility Requirements:

1. Student's parent (natural, step or adopted) must be employed by The Clarks Companies NA for a minimum of one year and must work an average of 30 or more hours per week.
2. Must display unmet financial need for college costs.
3. Must plan to enroll or be enrolled at an accredited college, university or vocational/technical school and earn a certificate, two year or four year degree.
4. Applicants must be 23 years of age or younger.

All material must be submitted by February 15th – no applications will be accepted after that date.

Please submit:

- Application - Personal Essay
- Education Report
- Letter(s) of Recommendation
- High School Transcript
- College Transcript (if applicable)

Return all original materials on or before deadline to:

Scholarship Committee
The Clarks Companies Foundation
156 Oak Street
Newton, MA 02464

Other dates to be aware of:
February 15th - Deadline for receipt of scholarship application
June - All applicants are notified of their status
July - Finalist(s) are notified

All information provided to The Clarks Companies Scholarship Committee will be kept confidential.

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CCFE Scholarship Application
Return no later than February 15th

CCNA EMPLOYMENT VERIFICATION REPORT

TO BE COMPLETED BY APPLICANT: Please type or print clearly, all answers must be given.

1. Applicant's Full Name: _____

   Applicant's Permanent Address: _____

   City: _____ State: _____ Zip: _____

   High School Name: _____

   Address: _____

   City: _____ State: _____ Zip: _____

2. Applicant's Relationship to Clarks Companies Employee: _____

   _____

3. CCNA Employee's Name: _____

   Division: _____

   Position: _____

   Dates of employment: from _____ to the present.

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Application INSTRUCTIONS:

1. Answer all the questions completely and to the best of your ability.
2. Signatures are vital. Your application will not be processed if any signatures are missing.
3. Only completed applications will be considered. A complete application consists of a timely submitted application form, an essay, a letter of recommendation, an official secondary school transcript, and an official college transcript (if applicable). It is important for you to create a "Clarks Companies Foundation Scholarship" file. Make a photocopy of all materials submitted to The Clarks Companies Foundation. Should you be informed that we are missing one of your credentials, you can send another copy. The Clarks Companies Foundation assumes no responsibility for lost documents.

All deadlines and policies listed in this application are important.
You could jeopardize your candidacy or lose your award if you don't comply.

(Please type or print clearly)

Full Legal Name: _____

Home Telephone: ( ) _____

Home Mailing Address: _____

City: _____ State: _____

Zip Code: _____

Birth Date: _____ Sex: _____

E-mail Address: _____

Month and year of High School Graduation: _____

Intended College Graduation Date: _____

Have you ever applied for and/or been awarded a CCFE Scholarship? _____

If yes, please list academic year and amount received: _____

Name and address of the academic institution/program you plan to attend this fall:

_____

_____

If currently enrolled in college/program, how many semesters will you have completed by the end of this academic year? _____

Will you be enrolled? Please circle your answer.

A. Full time (12 credits or more) B. 3/4 time C. Half time D. Less than half time

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School/Community

Student's most recent employment and/or planned school year employment or work/study program

Nature of Work	Employer	Dates of Employment	Hours per Week	Income

Parents/Guardian's Income Information

1. Total family yearly Income: _____

2. How many children, including the student applicant are receiving support from you in 2011? _____

3. How many dependent children will be attending full-time childcare, tuition-charging preschools, schools, or colleges in 2011 - 2012? _____

4. Enter the educational expense information for each child mentioned in Question 3: Enter information for other dependent children not listed, including college, childcare, pre-school, and public school children. (Use a separate sheet)

5. Do you own a home or other real estate? _____ What is your mortgage payment? _____

6. Child support payments: _____

Family Expenses

6. Estimated Insurance and medical/dental expenses for 2011 - 2012: _____

7. Total medical/dental expenses not reimbursed by insurance companies: _____

8. Total paid for medical/dental insurance plans: _____

9. Other/unusual expenses, i.e. lawyer's fees, other family obligations: _____
(Please use separate sheet if needed.)

10. If you rent your family residence, provide total amount of annual rent you paid in 2010: _____
and what you estimate for 2011: _____

11. Total employment-related childcare expenses in 2010: _____

12. Costs of camps and lessons in 2010: _____

13. Costs of vacations in 2010: _____

14. Parent's educational loans: _____

Parent Signature:_____

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ESSAY

Essay Requirements:
Please answer either question carefully. This section will convey your values and individuality.

Question One:
On a separate sheet, describe a challenging situation you have encountered with another person or a group of people, excluding your family. Explain how you handled the situation and talk about your success or lack of success in handling it and why. Explain how it affected you and what you learned about yourself as a result. (200-500 words)

Or

Question Two:
On a separate sheet, tell us about a personal quality, talent, accomplishment, contribution or experience that is important to you. What about this quality or accomplishment makes you proud and how does it relate to the person you are? (200-500 words)

Scholarship Usage Policy

1. All applicants are required to notify the Selection Committee of any changes in the information provided during the application process. Furthermore, it is every applicant's responsibility to maintain a correct address with CCF Important documents are mailed periodically. If they do not reach you, it could jeopardize your selection as a scholarship recipient and your ability to renew your award annually.

2. The Clarks Companies Foundation awards are renewable for up to the equivalent of eight semesters of full-time undergraduate enrollment at an accredited institution. A renewal application will automatically be mailed to all eligible recipients in April.

Please note: your eligibility to receive our Scholarship will expire when you complete the equivalent of eight semesters, regardless of when you began using the Clarks Companies Foundation Scholarship.

I certify that the information I have provided is true. I further certify that all responses and essays are my own work.

_____

Applicant's signature and date

_____

Parent or Legal Guardian's signature and date

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RELEASE OF INFORMATION

I hereby grant permission to my school to release my official grade transcript to the CCFE Scholarship Selection Committee along with the information requested on this form.

Applicant's Signature:

_____

Date: _____

If under 18, parent or legal guardian's signature:

_____

Date: _____

After you have filled out the above, give this form and a postage-paid envelope to your school counselor/teacher.

Address envelope this way:

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TO BE COMPLETED BY A COUNSELOR/TEACHER:
It is important that you enclose this form with the letter of recommendation and the student's official transcript. Also include a school profile and/or explanation of how information is coded on the transcript.

Please complete this form in its entirety to help us best evaluate the student. This report (and supporting documents) must be returned no later than February 15th.

COUNSELOR/TEACHER RECOMMENDATION

TO BE COMPLETED BY A COUNSELOR/TEACHER/PROFESSOR:

I. Letter of Recommendation: Please tell us what you believe we should know about the applicant, touching upon any special talents (arts, athletics, academic organizations, craftsmanship, etc.) or qualities of leadership or untapped potential. Evidence of student perseverance, desire to succeed, consideration for others, or a positive response to setbacks would be valuable to our committee. Please write the Letter of Recommendation on your school letterhead. Thank you for helping us and your student.

II. My assessment of this candidate's qualifications: please use another sheet of paper for your comments

Applicant's Name: _____

Name and title of person completing this report: _____

School Name and Address: _____

_____

School Phone Number: ( ) _____

Number of years you have known the applicant: _____

CCFE Scholarship Program processing does not begin until our receipt of this completed form and an official transcript of grades. All communication with the Clarks Companies Foundation Scholarship Program will be kept confidential. Return this document and your letter of recommendation to:

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The Clarks Companies Foundation
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