The Christian A. Herter Memorial Scholarship Program provides financial assistance to Commonwealth of Massachusetts students who demonstrate academic promise and aspirations for higher education. The special role of the Christian A. Herter Memorial Scholarship, as an early identification program, is to recruit high school sophomores and juniors whose socio-economic backgrounds and environmental conditions may inhibit their ability to persevere and attain their educational goals.

Since 1972, the Christian A. Herter Memorial Scholarship has assisted Massachusetts students with their higher education costs. Each year, twenty-five students are selected as Herter Scholarship recipients. Awards are determined annually, based on a student’s college Cost of Attendance, demonstrated need, and the level of funding for the program. Scholarships are awarded for a maximum of four years, and are subject to annual appropriations from the Massachusetts Legislature.

Who is an eligible applicant for the Christian A. Herter Memorial Scholarship?
Any current high school Sophomore or Junior meeting the following qualifications:
- Enrolled in a public or private secondary school in the Commonwealth of Massachusetts
- U.S. citizen or eligible non-citizen and is a permanent legal resident of Massachusetts
- Nominated by a sponsoring school or agency
- Has a cumulative grade point average (GPA) of at least 2.5 on a 4.0 scale
- Demonstrates difficult personal circumstances, high financial need, and strong academic promise to continue his or her education beyond high school, at a college or university

What criteria are used in evaluating the Christian A. Herter Memorial Scholarship applications?
Eligibility is based on achievements in many areas. Students are required to submit an essay describing their future goals and aspirations. Applicants must also demonstrate hardships/obstacles overcome and accomplishments in the following areas:

What restrictions are there on the use of the Christian A. Herter Memorial Scholarship?
Recipients may use the scholarship for college related costs only. Such costs may include tuition, fees, room and board, at an accredited postsecondary institution within the United States. The Herter recipient must commence enrollment in a postsecondary institution immediately upon graduation from high school, or permanently forfeit receipt of such a scholarship. A Herter Scholarship recipient who, due to extreme circumstances, has to postpone college enrollment upon graduating from high school, may apply for a deferment of his/her scholarship for a period of not more than two (2) years.

APPLICATION PROCEDURES
All information requested on the Herter Application Form must be provided. Incomplete applications will not be considered.

1. **The Nominee’s Autobiographical Essay:** Each applicant must submit a signed essay, not to exceed two single-spaced pages. The essay will play a significant role in the selection process. Your essay should address the following:
   - **Leadership Qualities:** Inspiring or directing others; becoming a role model for your peers. Evidence of leadership qualities can be drawn from personal or academic experiences, including extra-curricular activities.
   - **Obstacles Overcome/Challenges:** Achieving a goal despite barriers or challenges that has given you the determination to persevere. Include personal difficulties, hardships, medical problems, whether personal or family related that have directly affected your academic life.
   - **Achievements:** Special skills and talents, creative or challenging activities that you have accomplished in your personal or academic life, such as artistic talent, public speaking and scientific or mathematical aptitude.
   - **Community Outreach:** Volunteer work performed that has benefited others such as the elderly, not for profit groups or agencies, schools, hospitals or community service agencies.

2. **The Supporting Financial Statement:** This must be submitted by the applicant to determine his/her eligibility for financial assistance. The information must include a copy of the parent as well as the student’s 2016 Federal and State income tax returns. **If 2016 tax returns have not yet been filed, we will accept a combination of copies of actual 2015 tax returns and copies of 2016 W-2’s.** If the parent will not file a 2016 tax return, a signed statement must accompany the application, along with official documentation to support income source (i.e. social security, public assistance, etc.) and amount received.

3. **Nomination and References:** Applicants must be nominated by a school or agency. A total of two (2) letters of recommendation are also required, in addition to the nominating statement.

4. **High School Transcript:** An official high school transcript must accompany your application.

Assemble your application packet in the following order and use this as your checklist:
The Christian A. Herter Application Form
The Nominee’s Autobiographical Essay
Letter of Recommendation from Nominating School or Agency
Supporting Financial Statement (including copy of 2016 tax forms)
Two (2) other Letters of Recommendation
Original Official High School Transcript (Copies not accepted)
Application Due Date is February 3, 2017 – INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED
The complete application is also available online at www.mass.edu/herter. The completed application along with all other required information (see instructions) must be received by February 3, 2017. Incomplete applications will not be considered.

**APPLICANT’S INFORMATION**

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<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MI</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>DATE OF BIRTH</th>
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CURRENT GRADE: 10th   11th   (12th grade students not eligible to apply)

**SCHOOL TELEPHONE**

**CITIZENSHIP STATUS:** (please check one) U.S CITIZEN___ ELIGIBLE NON-CITIZEN___ NOT AN ELIGIBLE CITIZEN___

**E-MAIL ADDRESS:**

**LETTERS OF RECOMMENDATION:** Two letters of recommendation must be included in your application packet. Letters of recommendation may not be written by the applicant, anyone under 21 years of age or anyone related to you or serving as your legal guardian. A phone number must be included for each person providing a recommendation.

(Note: In addition to the two letters of recommendations, a nominating statement must also be submitted by the person endorsing your application for this scholarship)

**RECOMMENDATION 1**

Last Name    First Name    Relationship to Applicant (i.e. teacher, counselor, clergy or employer, etc.)

Telephone Number    Business Address    E-Mail Address (required)

**RECOMMENDATION 2**

Last Name    First Name    Relationship to Applicant (i.e. teacher, counselor, clergy or employer, etc.)

Telephone Number    Business Address    E-Mail Address (required)

**NOMINATING ORGANIZATION:** This section must be completed by the high school official or agency representative (i.e., Guidance Counselor, social worker, clergy, etc.) who is nominating the student, and accompanied by an original official high school transcript.

I, _____________________________, on behalf of _____________________________, whose principal (Please Print) (Name of Secondary School or Agency)

place of business is located at

STREET    CITY    STATE    ZIP

hereby nominate ___________________________ for the 2017 Christian A. Herter Memorial Scholarship Program.

Signature of Nominating Official    Title    Telephone    E-Mail Address (required)

**NOMINATING STATEMENT:** Please attach a separate statement that describes the nominee’s academic background, motivation and potential for achievement. This statement should also address the nominee’s ability to cope with adversity or difficult situations and provide an assessment of his/her eligibility for the Herter Scholarship.
SUPPORTING FINANCIAL STATEMENT

STUDENT NAME

I. PARENTAL INFORMATION (This section must be completed by all parents/guardians):

What is your parents’ marital status?
(Check one) Married/Remarried ____ Single ____ Divorced ____ Separated ____ Widowed ____

Father/Stepfather/Guardian ________________________________ Occupation ____________________________
Address __________________________________________ City _____________ State _____ Zip ________

Mother/Stepmother/Guardian ________________________________ Occupation ____________________________
Address __________________________________________ City _____________ State _____ Zip ________

II. List all other members of the family in the household. Attach an additional sheet if necessary.

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<tr>
<th>NAME</th>
<th>AGE</th>
<th>SCHOOL</th>
<th>RELATIONSHIP TO APPLICANT</th>
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III. Provide the following financial information

1. Parents'/Guardians' adjusted gross income for 2016 $________________

2. Monthly amounts received from:
   - Social Security $________________
   - V. A. Benefits $________________
   - Child Support $________________
   - Welfare/Transitional Assistance $________________
   - Other Non-Taxable Income $________________

3. Student's 2016 income from wages, salaries and tips $________________

4. Current balance of savings/checking accounts $________________

5. If you own a home, what is the market value? $________________

6. Amount currently owed on your home mortgage $________________

7. Value of other real estate $________________

8. Value of current business, investments, farms and other assets $________________

IV. Please attach a separate statement to explain any unusual obligations, such as educational expenses or other debts.

NOTE: Copies of the Parent's or Legal Guardian's 2016 Federal and State income tax returns or official documentation to support source and amount of any other types of income are required and must be submitted. If 2016 tax returns have not yet been filed, we will accept a combination of copies of actual 2015 tax returns and copies of 2016 W-2’s. Applicants who fail to provide this information will not be considered. Applicants in foster care may submit documentation from the Massachusetts Department of Children and Families.

We (I) declare that the information reported above is true, correct and complete to the best of our (my) knowledge:

Signature of Parent/Guardian (required) ________________________________ Date ______________

Student Signature (required) ________________________________ Date ______________

Return To:
Office of Student Financial Assistance
Massachusetts Department of Higher Education
454 Broadway, Suite 200 Revere, MA 02151
Due Date – February 3, 2017