



The Head of Guidance Department/Scholarship Coordinator:

The family and friends of Mark Bavis have established a foundation in Mark's name to preserve his memory and to perpetuate the principles by which he lived every day and through which he touched the lives of many. Mark's work ethic helped him accomplish so much in such a short time. He was one of those quiet leaders who led by service and example.

September 11th, 2001 changed our lives forever. We are determined to create something good and lasting out of this tragedy. We are confident that Mark's spirit will endure and continue to enrich the lives of many.

We want to be certain that Mark is remembered by those who knew him and appreciated by those who never got the chance to do so. Our hope is that the Mark Bavis Leadership Foundation will allow deserving young men and women to enjoy opportunities and experiences similar to those which contributed to making Mark the person that he was.

We will accomplish this by providing selected recipients with annual grants ranging from \$1,000 to \$5,000 to be used as specifically requested for school tuition, summer programs and other appropriate extracurricular activities.

Any high school student in the Commonwealth of Massachusetts is eligible. The scholarship is not academically based, but is awarded on the basis of need. The committee is looking for exceptional leaders and people who have proven this leadership within their school. In addition, the committee will give more serious consideration to those students who have made efforts to make a difference in their communities.

Please distribute the enclosed applications to those students that you believe are outstanding candidates for this year's scholarships. It is our hope that all candidates return their applications prior to **March 15th, 2026**, so that the committee can make their decision and notify the winners prior to **May 15th 2026**. Any assistance that you are able to provide in steering the right candidates to the Mark Bavis Leadership Foundation is greatly appreciated.

Any questions can be directed to

Mike Bavis @ 617-851-7420 or Patrick Bavis @ 617-212-0340 or email pbavis@pecofct.com



Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Country _____ Home Phone _____
Birth Date _____ Email _____

Mother's Name _____ Email _____
Father's Name _____ Email _____
Brother(s)/Sister(s) & Ages _____
Brother(s)/Sister(s) attend High School or College at _____

Name of High School _____ Counselor's Name _____
Address _____ City _____ State _____ Zip _____
GPA (4.0 Scale) _____ SAT Score _____ Verbal _____ Math _____
List your favorite hobbies 1. _____ 2. _____ 3. _____
Who inspires you to lead and serve _____

On a separate sheet of paper, please describe how you lead, serve, and make a positive impact in your school, community, and the world.

Financial Aid Application — Parent or Legal Guardian Information

Dependents, Age and Relationship _____

Who else lives in your household _____

Residence ☐ Own ☐ Single Family ☐ Own Multiple Family ☐ Rent

Gross income for the previous year

Wages and salaries _____

Income from other sources _____

Total Gross Income _____

Expenses

Medical *(include insurance)* _____

Rent or Monthly Mortgage *(Including Principal, Interest, and Taxes)* _____

Tuition-Day School _____

Parochial School _____

Child Care _____

Number of Cars _____

Make _____ Year _____

Outstanding Loans _____

Total Monthly Loan Payments _____

Total Expenses _____

How much do you feel that you can afford toward tuition? _____

Please describe any special circumstances that affect your ability to pay regular tuition fees. _____

Signature of Adult _____ Date _____

Please return application to: PO Box 320310, West Roxbury, MA 02132