

CVS Caremark 2009 Scholarship Program

FOR CHILDREN OF FULL-TIME CVS CAREMARK COLLEAGUES

How to apply for a CVS Caremark Scholarship

NOTE: Your completed application must be postmarked no later than Friday, May 1, 2009, no exceptions.

Mail to: CVS Caremark Scholarship Program

c/o TPI, 160 Federal Street, 8th Floor, Boston, MA 02110

An independent review committee made up of higher education and financial aid professionals will select scholarship recipients. In addition to academic achievement, the committee will take into consideration other indicators of talent and leadership qualities, including: extracurricular activities, work experience, community service, school recommendations as well as the written essay and financial need. Scholarship award amounts will be determined on the basis of school costs reduced by other scholarships and grants.

- Due to an IRS regulation on scholarship funding by corporations for children of colleagues, **the program is required to limit the number of scholarships awarded to a maximum of 25% of applications received.** Students who receive a scholarship are invited to apply for scholarships in subsequent years, with the knowledge that the application will be reviewed in the context of each year's pool of applicants in keeping with the IRS limitations of scholarships awarded.

Eligibility Checklist.

- The student is a child of a full-time CVS Caremark colleague.
- The student is either a high school senior or current college student who will be enrolled during the 2009-10 school year in a 2 or 4 year accredited U.S. based college, junior college or university leading to a recognized undergraduate degree.
- The student's parent is a full-time colleague at the application deadline and must remain a full-time active colleague at the time the scholarship check is awarded.

Use of Scholarship Funds.

- The scholarship can be used for tuition, books, and required academic fees.
- Any amount of the CVS Caremark scholarship that cannot be applied to the above costs, due to other scholarships or grants received, is to be returned to the CVS Caremark Charitable Trust.

A complete CVS Caremark Scholarship Application must contain all of the information listed below.

- Student Information Statement
- Student Essay
- Financial Information Questionnaire
- Student Recommendation Form • Two forms required for high school seniors • One form required for students already enrolled in college
- High school transcript from all applicants and college transcript for students already in college (If the policy of your high school or college is not to release any transcripts directly to the students, please request that they provide you with your transcript in a sealed envelope.)

If you would like financial need to be considered by the independent review committee, you must submit a copy of the Student Aid Report (SAR) from FAFSA.

Incomplete applications will not be considered.

NOTE: To ensure receipt of application, please return the form provided when mailing your completed application. Please fill out your home address and provide postage.

CVS Caremark Scholarships are made possible by the CVS Caremark Charitable Trust, Inc.

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Student Information Statement

Your completed application must be postmarked no later than Friday, May 1, 2009, no exceptions.

Please print or type all information. Do not abbreviate.

1. Student Information:

Name of applicant: _____
FIRST/MIDDLE/LAST

Mailing address: _____
STREET/CITY/STATE/ZIP

Telephone: _____ Date of birth: _____

Male Female

Email address: _____

2. Colleague information:

Name of full-time parent or guardian employed by CVS Caremark: _____
FIRST/MIDDLE/LAST

Home address of parent employed by CVS Caremark: _____
STREET/CITY/STATE/ZIP

Department: _____ Work location/store number: _____

Date of hire: _____ CVS Caremark colleague ID number of parent: _____

3. High School Seniors:

Name of high school or institution presently attending: _____

Address of high school or institution: _____
STREET/CITY/STATE/ZIP

Name of college or institution you plan on attending during the 2009-2010 school year: _____

Address: _____
STREET/CITY/STATE/ZIP

Telephone number: _____ Have you been accepted? Yes No

Are you planning to attend? Full-time Part-time Anticipated course of study: _____

4. College Students:

Name of college you plan on attending during the 2009-2010 school year: _____

Expected graduation date: _____ Address of college: _____
STREET/CITY/STATE/ZIP

Telephone number: _____ Are you planning to attend? Full-time Part-time

Anticipated major: _____ Expected degree: _____

(over)

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Student Information Statement (continued)

Your completed application must be postmarked no later than Friday, May 1, 2009, no exceptions.

Please print or type all information. Do not abbreviate.

5. On a separate sheet of paper, using no more than 250 words, please write an essay. Tell us about yourself. What would you like the scholarship committee to know about you? For example tell us about your accomplishments, the most important things you have learned, and ambitions you hope to realize. (You may use page 8 or attach a separate sheet).

6. Are you an applicant or recipient of any other scholarships? Yes No If yes, list below:

Name of scholarship: _____ Amount: _____ Year: _____ Applicant Recipient

Name of scholarship: _____ Amount: _____ Year: _____ Applicant Recipient

7. Personal information (attach extra sheets if necessary)

a) Describe your activities in high school and/or college (offices held, committees served, honors received, sports, etc.).

b) Describe other extracurricular activities (community service, involvement in other youth/civic groups, paid and/or volunteer work experience, etc.).

c) Please describe any unusual situations or family circumstances that you feel should be considered.

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Financial Information Questionnaire*

An incomplete financial information questionnaire may result in disqualification. If a question does not apply, please indicate with N/A. The CVS Caremark Scholarship Program takes into consideration many factors when selecting finalists as well as determining scholarship amount. If you would like financial need to be considered by the independent review committee, please include a copy of your Federal Student Aid Report (SAR) for the 2009-2010 academic year. The SAR provides information on expected family contribution and family financial data. You can obtain your SAR by filling out the Free Application for Federal Student Aid (FAFSA) online at www.fafsa.ed.gov. More information should be available at your school's guidance office or college's financial aid office the public library, or by calling 1-800-4-FED-AID. **Do not leave any spaces blank.**

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1. Name of applicant: _____
FIRST/MIDDLE/LAST

2. Mother's name: _____
FIRST/MIDDLE/LAST

Occupation: _____ Employer: _____

Status: Full-time Part-time Gross income for 2008: _____

Estimate 2009 gross income: _____

Special information: Unemployed Retired Deceased

3. Father's name: _____
FIRST/MIDDLE/LAST

Occupation: _____ Employer: _____

Status: Full-time Part-time Gross income for 2008: _____

Estimate 2009 gross income: _____

Special information: Unemployed Retired Deceased

4. Number of siblings attending college in September 2009: _____

Total number in household: _____

5. Do your parents own their own home? Yes No Do your parents own any other real estate? Yes No

Appraised value of family's real estate holdings: \$ _____

Value of family's other assets (ie. cash, savings, stocks, investments, etc.): Less than \$50,000 \$50,000 to \$100,000

Greater than \$100,000

6. 2008 Gross income of custodial parents (household income of the family where you reside most of the time): \$ _____

Note: "gross income of custodial parents" means the income of the parent(s) with which you live. If you live with a parent who has remarried, your step parent's income should also be included.

Estimate 2009 gross income of custodial parents: _____

7. Did you complete the Free Application for Student Aid (FAFSA): Yes No

If yes, list Expected Family Contribution (EFC) from your FAFSA Student Aid Report (SAR): \$ _____

(over)

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Financial Information Questionnaire* (continued)

An incomplete financial information questionnaire may result in disqualification. If a question does not apply, please indicate with N/A.

The information on this form will be used to assess financial need (one of the criteria used to select scholarship finalists). Scholarship award amounts will be determined on the basis of unmet need as indicated on the student's financial award letter from their school. **Do not leave any spaces blank.**

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7. College you plan to attend next year: _____

Estimated expenses for the 2009-2010 school year:

Resources available for the 2009-2010 school year:

Tuition & fees: _____ Scholarships & grants: _____

Room & board: _____ Loans: _____

Books & supplies: _____ Family contribution: _____

Other: _____ Student contribution: _____

_____ Other: _____

TOTAL: _____

Type of school: public private _____

Living: on campus off campus at home TOTAL: _____

8. Explain any unusual circumstances that might affect your financial situation:

All of the information provided on this form is true and complete to the best of my knowledge.

Signature of applicant: _____ Date: _____

Signature of CVS Caremark colleague/parent: _____ Date: _____

*** All financial information will be treated confidentially. The information will be reviewed by a selection committee which will include one or more college financial aid officers who will assist in determining scholarship amounts.**

CVS Caremark 2009 Scholarship Program

FOR CHILDREN OF FULL-TIME CVS CAREMARK COLLEAGUES

For High School Seniors and College Student Applicants:

Student Recommendation

From High School Teacher or College Faculty

Please Print or Type

This statement is part of the application being submitted by the student named below for a CVS Caremark Scholarship. You are requested to give an objective evaluation of the student. Please return this form to the student in a sealed envelope.

Your completed application must be postmarked no later than Friday, May 1, 2009, no exceptions.

1. Name of applicant: _____
FIRST/MIDDLE/LAST

2. Has the applicant earned consideration for a scholarship through:

Leadership? (please comment):

Character? (please comment):

Persistent effort? (please comment):

Community involvement? (please comment):

Scholastic standing? (please comment):

Extracurricular activities (including part-time employment): _____

Further comments:

Teacher/faculty name and title: _____

Subject area: _____

Signature: _____ Date: _____

Name of school: _____

Address of school: _____
STREET/CITY/STATE/ZIP

Phone number of school: _____

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FOR CHILDREN OF FULL-TIME CVS CAREMARK COLLEAGUES

**For High School Seniors Only:
Student Recommendation
From High School Principal or Guidance Counselor**

Please Print or Type

This statement is part of the application being submitted by the student named below for a CVS Caremark Scholarship. You are requested to give an objective evaluation of the student. Please return this form to the student in a sealed envelope.

Your completed application must be postmarked no later than Friday, May 1, 2009, no exceptions.

1. Name of applicant: _____

2. Scholastic and test record:

a. Applicant ranks: _____ in a high school class of: _____

b. Scholastic Aptitude Test Score (SAT) or American College Test (ACT) score: _____

c. General ability as indicated by any other tests: _____

3. Average grades (all subjects) achieved by applicant (please convert to figures):

11th grade: _____ 12th grade: _____

Please indicate number of courses taken that were considered either honors or advanced placement:

11th grade: _____ 12th grade: _____

4. General characteristics:

Ability to get along with other students: Superior Very good Good Fair

Evidence of leadership qualities: Superior Very good Good Fair

Commitment to school and community: Superior Very good Good Fair

Ability to set realistic and attainable goals: Superior Very good Good Fair

Adaptability and problem-solving skills: Superior Very good Good Fair

5. Further comments:

Print name and title of principal or guidance counselor:

Signature: _____ Date: _____

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Essay

Using no more than 250 words, please write an essay. Tell us about yourself.

What would you like the scholarship committee to know about you? For example tell us about your accomplishments, the most important things you have learned, and ambitions you hope to realize.

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Checklist

In order for your application to be complete you and your parent must print and sign this application form (page 5), and mail it with the following other completed documentation in one large envelope to:

CVS Caremark Scholarship Program
c/o: TPI
160 Federal St., 8th floor
Boston, MA 02110

Your complete application must be postmarked no later than May 1, 2009.

Eligibility:

- I am a child of a full-time CVS Caremark colleague.
- I am either a high school senior or current college student and will be enrolled during the 2009-10 school year in a 2 or 4 year accredited, U.S. based college, junior college or university leading to a recognized undergraduate degree.

Complete Application:

A complete CVS Caremark Scholarship Application must contain all of the information listed below.

- Student Information Statement
- Student Essay
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- Student Recommendation(s)
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 - One form required for students already enrolled in college
- Transcript(s)
 - High school transcript from all applicants
 - College transcript from students already in college

Optional:

- Student Aid Report (SAR) from FAFSA (please include if you would like financial need to be considered as part of your application for a scholarship)
- Self addressed, stamped application acknowledgement form, if you'd like to receive notification that your application has been received and is complete.

As of: _____

the CVS Caremark Scholarship Program:

has received your application. All sections were complete and your application will be reviewed for a scholarship award.

Recipients will be announced in July 2009.

has received your application. Your application is not complete and cannot be reviewed for a scholarship award at this time.

Please forward the following items immediately:

CVS Caremark
Scholarship Program
c/oTPI
160 Federal St., 8th floor
Boston, MA 02110


