

# West Boylston Town Scholarship Application

In order to be eligible for this scholarship, the applicant must be a resident of West Boylston.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Name of Parent(s) or Gaurdian(s) \_\_\_\_\_

School currently attending \_\_\_\_\_

College or school to attend \_\_\_\_\_ Number of years \_\_\_\_\_

Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_ Course of Study \_\_\_\_\_

Expected Total Annual School Expenses \_\_\_\_\_

Anticipated financial hardship Yes \_\_\_\_\_ No \_\_\_\_\_

1. List any extra-curricular activities you were involved in during the last four years.

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

2. List any personal achievements, awards, or honors you have received during the last four years.

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

3. List any employment during the last four years and the average number of hours worked per week.

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

4. Write a short essay, 200 words or more explaining why you applied for this scholarship and why you think it will help you to achieve your future goals. Attach essay on a separate sheet of paper.

## THIS SECTION TO BE COMPLETED BY THE GUIDANCE DEPARTMENT (High School Students Only)

Rank in Class: \_\_\_\_\_ Number of Students in Class: \_\_\_\_\_

An official transcript must be attached to this application.

Signature of guidance official: \_\_\_\_\_

The Town Scholarship Committee and the WBHS are committed to all educational policies and activities without discrimination on the basis of race, color, national origin, age, handicap, or gender.