Town Scholarship Committee 2024

Scholarship Application Requirements

Purpose: To provide two (2) scholarships up to \$1,000.00 to selected residents of West Boylston based upon the following consideration and criteria;

- 1. The applicant must be a town resident. No "School Choice" students are eligible as this funding is through the West Boylston taxpayers only.
- 2. Prior to monetary disbursement of the scholarship award, each scholarship recipient **must present an official transcript** (or report card) from the accredited institution. The transcript must show passing grades from the summer or fall semester that follows notification of scholarship award.
- 3. The scholarship committee will consider each applicant based upon his/her financial hardship, character, scholastic record, community service, and extracurricular school activities.
- 4. Application Deadline is **Monday, Feb. 26, 2024 by 4 p.m**. Applications will not be accepted or considered if received after this date and time.

Obtain Scholarship Applications at the following four (4) locations:

- 1. West Boylston Town Administrator's Office, 140 Worcester St., West Boylston, MA 01583 (774.261.4012)
- 2. Beaman Memorial Public Library, 8 Newton St., West Boylston, MA 01583 (508.835.3711)
- 3. Guidance Department at the West Boylston Middle/High School, 125 Crescent St., West Boylston, MA 01583 (508.835.4475) (FOR WBHS SENIOR CLASS STUDENTS ONLY)
- 4. West Boylston Website download: http://www.westboylston-ma.gov/scholarship.

Submit only one (1) application per student. The scholarship is not automatically renewable.

Return applications to:

West Boylston Middle/High School Seniors, please return the application to the Guidance Department at the High School.

Applications for the scholarships that are offered to all other **West Boylston residents**, applications must be returned to the West Boylston Town Administrators Office c/o Jennifer Warren-Dyment, 140 Worcester St., West Boylston, MA 01583.

West Boylston Town Scholarship Application 2024

In order to be eligible for this scholarship, the Applicant <u>MUST be a Resident of West Boylston.</u>

Name:	
Address:	
Name of Parents(s) or Guardians(s):	
Cell Phone: Email:	
School currently attending:	
College or school to attend: If undecided, list top two (2) choices	No. of Years:
Course of Study	
Expected Total Annual School Expense	
Anticipate Financial Hardship? Yes No	
PROVIDE ATTACHMENTS OF THE FOLLOWING	i
List school related extra-curricular activities and community service involved	ement in the last four years.
List any personal achievements, awards, or honors you have received dur	•
List any employment during the last four years and the average number	of hours worked per week.
SSAY	
What lessons have you learned from your involvement in the West Boylst learning impact your future?	ton Community? How will this
***Attachment of an "OFFICIAL TRANSCRIPT" MUST BE prov	rided with this application.
THIS SECTION MUST BE COMPLETED BY GUIDANCE DEPARTME	NT
Rank in Class Number of Students in Class	Disclaimer The Town Scholarship Committee and the West Boylston High School are committed to all educational policies and activities without discrimination on the basis of
	race, color, national origin, age handicap, or gender.

Signature of Guidance Official