



# 2016 Memorial Scholarship Application

**Application Deadline: October 31, 2016**

**Applicant:** Please give your completed application to a sponsor to submit for you.

**Sponsor:** Please forward this application along with your letter of recommendation to:

**Mary Ann Corcoran, PLS, MALSCCE Education Trust Chair, c/o The Engineering Center, One Walnut Street, Boston, MA 02108 413-841-0355**

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Name: \_\_\_\_\_

Home address: \_\_\_\_\_

School address: \_\_\_\_\_

Tel. No. (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

Marital status: \_\_\_\_\_ Ages of any children: \_\_\_\_\_ Expected year of graduation \_\_\_\_\_

Spouse's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Annual gross income: \_\_\_\_\_

Father's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Annual gross income: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Annual gross income: \_\_\_\_\_

Are both parents living? \_\_\_\_\_ Divorced or separated: \_\_\_\_\_

Parents place of legal residence \_\_\_\_\_ Number of siblings: \_\_\_\_ Number in college: \_\_\_\_\_

Please provide the following information:

Monthly amount of any Veterans' benefits you receive, if applicable: \_\_\_\_\_

Total amount of all outstanding loans \_\_\_\_\_

Total amount of any other scholarships for higher education \_\_\_\_\_

How much of other scholarship funds are available for next year's bills \_\_\_\_\_

Monthly earnings for any current college work/study or co-op income: \_\_\_\_\_

Amount of savings available: \_\_\_\_\_

Expected Family Contribution from Student Aid Report \_\_\_\_\_

Annual expenses: for Tuition/fees? \_\_\_\_\_ For room and board? \_\_\_\_\_

## Education Record:

(Please list all schools you have attended, starting with the high school where you graduated)

**School:** \_\_\_\_\_ **Years Attended:** \_\_\_\_\_ **Major, if applicable** \_\_\_\_\_ **Diploma/Degree:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List your extracurricular activities: \_\_\_\_\_

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Sports, hobbies and interests: \_\_\_\_\_

**Employment Record:**

**Place of Employment:**

**Position:**

**Employment Dates:**

**Earnings:**

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How much of the above earnings will be available for school costs? \_\_\_\_\_

*Please give specific answers to the following questions (you may attach 8 1/2 x 11 sheets, if necessary):*

How do you plan to finance your education?

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What are your specific short term and long range goals and what do you hope to achieve in life? \_\_\_\_\_

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Why do you want to be considered for a scholarship? Please include any information that might aid the Trustees in evaluating your application: \_\_\_\_\_

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**SPONSOR CONTACT INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Tel: \_\_\_\_\_

Work Email: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT'S AFFIRMATION:**

I hereby submit my application for the MALSCE Education Trust Memorial Scholarship. I authorize MALSCE and/or its representatives to contact any of the employers or educational institutions listed above. By signing this application, I am affirming that the information contained here is accurate.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_