



2017 Memorial Scholarship Application

Application Deadline: February 15, 2017

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, MALSC Education Trust Chair, c/o The Engineering Center, One Walnut Street, Boston, MA 02108 413-841-0355

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: _____

Sports, hobbies and interests: _____

Employment Record:

Place of Employment: **Position:** **Employment Dates:** **Earnings:**

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?

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

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

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: _____