



Education Trust

2021 Memorial Scholarship Application

Application Deadline: Friday, November 13, 2020

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:

Thadd Eldredge, PLS, MALSCE Education Trust Chair
c/o The Engineering Center, One Walnut Street, Boston, MA 02108
508-945-3965, thadd@ese-llc.com

Applicant Information:

Name:		
Home address:		
School address:		
Telephone number:	Email Address:	
Marital status:	Ages of 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:		
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?			

Additional Information:

Please give specific answers to the following questions (you may attach 8 ½ 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 Telephone:
Work Email:
Relationship to Applicant:
Sponsor's Signature: _____ Date: _____

Applicant's Affirmation:

I hereby submit my application for the MALSCCE Education Trust Memorial Scholarship. I authorize MALSCCE 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: _____