

2024 Memorial Scholarship Application

Application Deadline: Thursday, November 30, 2023

Applicant: Please give your completed application to a sponsor to submit for you. Please have an official copy of your

most recently completed semester sent to Thadd Eldredge (see address below)

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 | ou have attended, starting with the high school where you graduated | | | | |
|----------------------------------|---|-----------------------|-----------------|--|--|
| School: | Years Attended: | Major, if applicable: | Diploma/Degree: | | |
| | | | | | |
| | | | | | |
| | | | | | |

| List your extracurricular a | activities: | | | | |
|-----------------------------|----------------------------|---------------------------------------|-------------------------------|--|--|
| Sports, hobbies, and inter | ests: | | | | |
| | | | | | |
| Employment Record: | | | | | |
| Place of Employment: | Position: | Employment Dates: | Earnings: | | |
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| How much of the above e | arnings will be available | for school costs? | | | |
| Additional Inform | nations | | | | |
| Maaitionai iniorii | 1auon: | | | | |
| Please give specific answ | vers to the following que | stions (you may attach 8 ½ x 11 sh | neets, if necessary): | | |
| How do you plan to finan | ce your education? | | | | |
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| What are your specific sh | ort term and long range g | oals and what do you hope to achiev | ve in life? | | |
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| | | | | | |
| Why do you want to be co | onsidered for a scholarshi | p? Please include any information the | nat might aid the Trustees in | | |
| evaluating your application | on: | | | | |
| | | | | | |
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| | | | | | |
| Sponsor Contact 1 | Information: | | | | |
| Name: | | | | | |
| Address: | | | | | |
| Work Telephone: | | | | | |
| Work Email: | | | | | |
| Relationship to Applicant | : | | | | |
| Sponsor's Signature: | | Date: | | | |
| 10 40 A 000 | mation: | | | | |
| Applicant's Affirm | nauvn. | | | | |
| hereby submit my applica | ation for the MALSCE Ed | lucation Trust Memorial Scholarship | | | |

Date:

Applicant's Signature: