



**Education Trust**

**2025 Memorial Scholarship Application**  
**Application Deadline: Friday, November 29, 2024**

**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, MALSCÉ Education Trust Chair  
c/o The Engineering Center, One Walnut Street, Boston, MA 02108  
508-945-3965, [thadd@ese-llc.com](mailto: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:  |                        |                              |
| <b>Please provide the following information:</b>                         |                        |                              |
| 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:**

|   |                 |                       |                 |
|---|-----------------|-----------------------|-----------------|
| <b>Please list all schools you have attended, starting with the high school where you graduated</b> |                 |                       |                 |
| 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:

|  |
|--|
| <b>Please give specific answers to the following questions (you may attach 8 ½ x 11 sheets, if necessary):</b>                                 |
| 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: \_\_\_\_\_