



2019 Memorial Scholarship Application

Application Deadline: October 31, 2018

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, MALSCE 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: |
|---------------------------------------|------------------------|-----------------------------|------------------------|
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| List your extracurricular activities: | | | |
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| Sports, hobbies and interests: | | | |
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Employment Record:

| <u>Place of Employment:</u> | <u>Position:</u> | <u>Employment Dates:</u> | <u>Earnings:</u> |
|--|-------------------------|---------------------------------|-------------------------|
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| How much of the above earnings will be available for school costs? | | | |
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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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| <u>SPONSOR CONTACT INFORMATION:</u> | |
| 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: _____