MANSFIELD WORLD WAR II MEMORIAL

Scholarship Application

The Mansfield World War II Memorial Scholarship Committee will award scholarships to graduating high school seniors and/or college undergraduates this year. Applicants must meet the following requirements:

- 1. Must be a Mansfield resident
- 2. Must be furthering their education at a two or four year accredited institution

INSTRUCTIONS:

- 1. Please complete both sides of the attached application. (Answer all questions do not leave any blanks)
- 2. Date application
- 3. Sign application (both student and parent signatures required)
- 4. Return completed application to:

World War II Scholarship Committee c/o Town Manager's Office 6 Park Row Mansfield, MA 02048

APPLICATIONS MUST BE RECEIVED BY APRIL 15TH

MANSFIELD WORLD WAR II MEMORIAL SCHOLARSHIP

In order for this application to be considered, you must:

- 1. Answer all questions do not leave any answers blank
- 2. Date application
- 3. Sign application (both student and parent signatures required)

 Please read all questions carefully before answering.
 PLEASE PRINT NEATLY!!
 All information given

 below will be kept confidential.
 All information given

I hereby apply for scholarship aid and submit the following data as evidence of my qualifications and eligibility.

Personal Information

\$_

Full Name		
(First)	(Middle)	
Last)		
Home Address	Phone	
Date of Birth	Place of Birth	
(Month) (Day)	(Year)	
High School Information		
Name of High School		
-		
Scholastic Achievements		
Concisely state your aim and ambition		
Family Information		
Name of Father		
Living Deceased	Living Deceased	
Father's Occupation	Mother's Occupation	
Name/Address of Father's employer	Name/Address of Mother's employer	
Combined annual income of parents (from complet	ted tax return of previous year)	

Name of Sibling	Age	Is he/she employed?	Employer name/address	Is he/she in college?	Name of college

Do you contribute to the support of your family? If yes, please explain.

Will any sibling be contributing to your education? If yes, please explain.

Do you plan to work (other than work study) during the academic year and summer? If yes, please explain.

What college or secondary school do you plan to attend?	
Have you been accepted?	
What is the estimated total cost per year (tuition, room/bo	ard, books)?

How much of the above sum is available?

Financial Aid Package \$ _____ Savin

Savings/College Fund \$_____

The space below may be used to enter any additional data that you wish to bring to the attention of the scholarship committee.

Provide three personal references (not relatives or related by marriage). These should be people who have known you for several years. Please provide full name and contact information.

Name	Address/Phone	Occupation

I,	, hereby affirm that I have answered the above questions truthfully and completely.

Date: _____

Signature of Applicant: _______Signature of Parent: ______