BILLERICA MEMORIAL HIGH SCHOOL
SCHOLARSHIP APPLICATION FORM
JANUARY 2015

BGSA ANNUAL SCHOLARSHIP AWARD

Scholarship Name

NAME OF APPLICANT _____ TELEPHONE _____

ADDRESS _____ DOB _____

ELEMENTARY & MIDDLE SCHOOL ATTENDED _____ _____

COUNSELOR'S NAME _____

FATHER'S OCCUPATION _____ NAME OF COMPANY _____

MOTHER'S OCCUPATION _____ NAME OF COMPANY _____

NUMBER OF DEPENDENT CHILDREN ATTENDING COLLEGE NEXT YEAR, INCLUDING APPLICANT _____

INDICATE WHETHER YOU ARE PLANNING TO APPLY TO A _____4 YEAR _____ 2 YEAR _____1 YEAR SCHOOL

HAVE YOU APPLIED? _____ HAVE YOU BEEN ACCEPTED? _____

SCHOOL/COLLEGE YOU PLAN TO ATTEND _____

COURSE OF STUDY YOU PLAN TO PURSUE _____

WHAT DEGREE, CERTIFICATE, OR DIPLOMA WILL YOU RECEIVE? _____

DO YOU HAVE A PART-TIME JOB? _____

***PLEASE ATTACH A COPY OF YOUR TRANSCRIPT, RESUME AND A BRIEF ESSAY SUMMARIZING "WHY YOU WISH TO FURTHER YOUR EDUCATION AND WHAT FUTURE GOALS YOU HOPE TO ATTAIN".**

NOTE: ALL APPLICATION MATERIALS INCLUDING A COPY OF YOUR TRANSCRIPT AND RESUME AND/OR OTHER MATERIALS REQUESTED MUST ACCOMPANY THIS APPLICATION FORM AND BE SENT TO THE SCHOLARSHIP SPONSOR BY THE DEADLINE INDICATED.

DEADLINE POSTMARKED BY THE FIRST FRIDAY IN APRIL

_____ _____

STUDENT'S SIGNATURE PARENT'S SIGNATURE

_____

DATE

RETURN COMPLETED APPLICATION TO:

SPONSOR'S NAME: BGSA Annual Scholarship Award

ADDRESS : PO Box 66

Pinehurst, MA 01866