

MASSACHUSETTS LOBSTERMEN'S ASSOCIATION, INC.  
SCHOLARSHIP AWARD APPLICATION 2018  
IN MEMORY OF ROBERT A. WHEELER

This application should contain accurate and detailed information and be accompanied by a copy of your official high school transcript that is signed and sealed.

Name: \_\_\_\_\_

Home Address \_\_\_\_\_

City/Town: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father, Mother and/or guardian's Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Are they a current member of the Mass. Lobstermen's Association? [ ] Yes [ ] No

Are both parents living? [ ] Yes [ ] No

Number & Ages of siblings living at home: \_\_\_\_\_

Do you have anyone financially dependent upon you? [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_

How much financial aid is expected in your first year of college / trade school: \_\_\_\_\_

Name of High School and year of graduation: \_\_\_\_\_

Name of college or trade school you expect to enter: \_\_\_\_\_

Have you been accepted for admission: \_\_\_\_\_

What is your anticipated tuition: \_\_\_\_\_

Have you received any other scholarships - If yes, state amount(s): \_\_\_\_\_

What business or profession do you expect to prepare for: \_\_\_\_\_

What extra-curricular activities have you participated in: \_\_\_\_\_

