

MASSACHUSETTS LOBSTERMEN'S ASSOCIATION, INC.
SCHOLARSHIP AWARD APPLICATION 2017
IN MEMORY OF ROBERT A. WHEELER

This application should contain accurate and detailed information and should be accompanied by a transcript of Scholastic Record, filled in by the Headmaster (or Principal), signed and sealed. Applications should be addressed to: Scholarship Committee, Mass. Lobstermen's Assoc., 8 Otis Place, Scituate, MA 02066-1323. This must be filed no later than April 30th.

Name: _____

Home Address: _____

City/Town: _____ State _____ Zip _____

Date of Birth: _____ Place of Birth: _____

Father's (or guardian's) Name: _____ Occupation _____

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

Mother's Maiden Name: _____ **Occupation** _____

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 can you expect from your family in your first year of college or trade school?

(Approximately) \$ _____

Name of High School: _____

Name & location of college or trade school you expect to enter: _____

Have you applied? [] Yes [] No

Have you been accepted for admission? [] Yes [] No

What is the tuition? \$ _____

Have you received any other scholarships? [] Yes [] No

If yes, state amount(s): _____

