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 3 0 th.

Name:		
Home Address:		
City/Town:		
Date of Birth:	Place_of Birth	::
Father's (or guardian's) Name:	Oc	cupation
Is he a current member of the Mass. Lobster	men's Association? [] Yes [] No
Mother's Maiden Name:	C	Occupation
Are both parents living? [] Yes [] No		
Number & Ages of siblings living at home:		
Do you have anyone financially dependent u	ipon you? [] Yes	[] No
If yes, please explain:		
How much financial aid can you expect from	n your family in your fi	rst year of college or trade school?
(Approximately) \$		
Name of High School:		
Name & location of college or trade school y	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):		

For what business or profession do you expect to prepare:		
In what extra-curricular activities have you participated:		
Have you ever done any remunerative work? [] Yes [] No		
If yes, what type of		
Period of employment:Wage:\$		
REFERENCES AND THEIR ADDRESSES: (<u>Please enclose any letters of recommendation</u>). Indicate at least two of the choices below:		
Your Headmaster (Principal)		
Guidance Counselor:		
Instructor in your major subject:		
Your Pastor or Minister:		
Please write a short paragraph explaining why you are interested in this field of endeavor:		
THESE SCHOLARSHIPS ARE AWARDED AT THE DESCRETION OF THE SCHOLARSHIP COMMITTEE. ALL DECISIONS ARE FINAL SIGNATURE: DATE:		