

MASSACHUSETTS LOBSTERMEN'S ASSOCIATION, INC.
SCHOLARSHIP AWARD APPLICATION 2020
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: _____

REFERENCES: Please enclose any letters of recommendation and at least two from the following choices: School Principal, Guidance Counselor, Instructor in your major, Pasto or Minister.

Please write a short paragraph explaining why you are interested in your field of endeavor:

SCHOLARSHIPS ARE AWARDED AT THE DESCRETION OF THE
SCHOLARSHIP COMMITTEE.
ALL DECISIONS ARE FINAL

SIGNATURE: _____ DATE: _____

THIS APPLICATION MUST BE RETURNED BY APRIL 15th

Mail applications to:
Massachusetts Lobstermen’s Assoc.,
Scholarship Committee
8 Otis Place, Scituate, MA 02066.