MASSACHUSETTS LOBSTERMEN'S ASSOCIATION 2025 SCHOLARSHIP AWARD APPLICATION

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 Massachusetts Lobstern	men'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:	
What is your anticipated tuition:	
Have you received any other scholarships - If yes, state an	mount(s):
What business or profession do you expect to prepare for:	
What extra-curricular activities have you participated in:	

REFERENCES: <u>Please enclose any letters of recommendation</u> and <u>at least two</u> from the following choices: School Principal, Guidance Counselor, Instructor in your major, Pastor or Minister. Please write a short paragraph explaining why you are interested in your field of endeavor:	
Awards	are at the discretion of the Scholarship Committee. ALL DECISIONS ARE FINAL
SIGNATURE:	DATE:

THIS APPLICATION MUST BE RETURNED BY APRIL 15, 2025

Mail or drop off applications to: Massachusetts Lobstermen's Association Scholarship Committee 8 Otis Place, Scituate MA 02066