

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 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: _____

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: _____
