

FOR OFFICE USE ONLY

_____ SAT V	Converted Score _____	NEED APPLICANT _____
_____ SAT M	_____	HONORS APPLICANT _____
_____ ACT	_____	COUNSELOR _____
_____ RIC	_____	
	_____ ACTIVITY	Total _____

STUDENT APPLICATION
MASCONOMET REGIONAL SCHOLARSHIP FUND

Instructions: ATTACH RESUME TO APPLICATION. When this application is completed, deliver it to guidance.

Eligibility: This application may be completed by the student before he/she has been notified of his acceptance at the schools to which he/she has applied; however, to be eligible, applicants must be accepted at a 4-year college, 2-year college, technical institute, school of nursing or other education program beyond high school level and be a graduate or prospective graduate of Masconomet and a resident of one of the communities included in the Regional District.

Deadline: Application must be received by Mrs. Simi in the Guidance Office by March 31, 2009.

STUDENT APPLICATION

1. Student _____
 Last Name First Name Middle Name Date of Birth

2. Home Address _____
 Street Town Zip Telephone Number

3. High Schools attended since Grade 9 _____

_____	_____	_____	_____
Name	Town	State	Dates (Month/Year)

4. What is your first choice school? _____ Resident _____ Commuter _____

_____	_____
Name	Address

Date of your application to the school _____

Two or four-year program _____

Have you been accepted as of the date of this application? _____

What course of study will you pursue? _____

What degree/certificate do you seek? _____

If you have applied to other schools, please list in order of your preference.

Have you been involved in town sports? If so, which town? _____

PERSONAL DATA

Name of father, stepfather or male guardian: _____

Age _____ Occupation: _____ Employed by: _____

Name of mother, stepmother or female guardian: _____

Age _____ Occupation: _____ Employed by: _____

Is either parent employed in the public sector? If so, where: _____

Applicant normally lives with: (Check all that apply or explain)

Father _____ Stepfather _____ Father deceased _____ Father unable to work _____

Mother _____ Stepmother _____ Mother deceased _____ Mother unable to work _____

Parents: Separated or divorced _____ Other (explain) _____

Dependent Children:

<u>NAME</u>	<u>AGE</u>	<u>NAME OF SCHOOL</u>	<u>ANNUAL COST</u>	<u>SCHOLARSHIP AID</u>
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Please explain any unusual expenses in the recent past or anticipated in the near future that will affect your ability to contribute to your child's education:

PARENTS' CERTIFICATION:

We have checked this form for omissions and errors. To the best of our knowledge the information reported is complete and correct.

Signature _____

Relationship to Student _____

Date _____

PLEASE MAKE SURE RESUME IS ATTACHED TO APPLICATION BEFORE RETURNING TO GUIDANCE.