

GROTON WOMAN'S CLUB  
SCHOLARSHIP APPLICATION

**CRITERIA:** Senior, college bound, Groton resident. Attach a copy of your transcript.  
**NOTE: APPLICANT MUST BE A RESIDENT OF THE TOWN OF GROTON OR WEST GROTON**

**Personal Data**

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Phone: (978) \_\_\_\_\_  
(Mailing address if different)

Name of Parents/Guardian \_\_\_\_\_

Address (street) \_\_\_\_\_ (Town) \_\_\_\_\_

**Family Data**

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Father employed? Yes \_\_\_ No \_\_\_ Position \_\_\_\_\_  
Place of Employment \_\_\_\_\_

Mother employed? Yes \_\_\_ No \_\_\_ Position \_\_\_\_\_  
Place of Employment \_\_\_\_\_

Number of older siblings \_\_\_\_\_ Number of Younger siblings \_\_\_\_\_  
Are any siblings currently attending either college or private school? Yes \_\_\_ No \_\_\_  
If yes, give name(s) of institutions attending \_\_\_\_\_

**Educational Plans**

What college or school are you planning to attend? \_\_\_\_\_

What is your intended major area of study? \_\_\_\_\_

This is a Two \_\_\_ + Three \_\_\_ Four \_\_\_ year program.

What is the cost per year? Tuition \_\_\_\_\_ Room & Board \_\_\_\_\_  
Books \_\_\_\_\_ Activity & Lab Fees \_\_\_\_\_  
Miscellaneous Expenses \_\_\_\_\_

**Financial Information**

Are you employed? Yes/No Where: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Did you save money towards your college expenses? Yes \_\_\_ No \_\_\_ Amt. Saved \$ \_\_\_\_\_

How much can your family contribute to your expenses annually? \$ \_\_\_\_\_

Have you applied for financial aid? If no, why not? \_\_\_\_\_

Have you been notified of any financial aid? \_\_\_\_\_ if **Yes**, please list below.

Loans \$ \_\_\_\_\_ BEOG \$ \_\_\_\_\_ Scholarships \$ \_\_\_\_\_

Work Study \$ \_\_\_\_\_ State Scholarship \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Are these annual or one-time awards? Explain \_\_\_\_\_

Groton Woman's Club

On a separate sheet of paper, answer the following questions neatly and in detail.

1. Please describe your **senior project**.
2. Please state your reasons for wanting to further your education.

**Special Circumstances:** Please indicate in this space or on a separate sheet of paper any unusual circumstances that the scholarship committee should be aware of, i.e., illness or death in the family, unemployment or seasonal employment, unexpected expenses, etc. If there are none, leave this space blank.

**PLEASE ATTACH A COPY OF YOUR TRANSCRIPT AND DETAILED LIST OF YOUR EXTRACURRICULAR ACTIVITIES, INCLUDING COMMUNITY SERVICE AND EMPLOYMENT HISTORY.**

**MAIL YOUR COMPLETED APPLICATION PACKET TO;**

**Mrs. Susan Slade  
Groton Woman's Club Scholarship  
PO Box 849  
GROTON, MA 01450**

**YOUR APPLICATION PACKET MUST BE POSTMARKED NO LATER THAN APRIL 4, 2008.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_