

GDRHS Student

Deadline Date: Postmarked on or before April 4, 2008

Application # 23

**PETER M. TWOMEY MEMORIAL SCHOLARSHIP  
SCHOLARSHIP APPLICATION**

**CRITERIA:**     *Any Senior, college bound*  
                          *Attach a copy of your transcript.*

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Mothers Name: \_\_\_\_\_ Fathers Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Phone: (978) \_\_\_\_\_

**FAMILY DATA**

Father Employed? Yes / No Company: \_\_\_\_\_ Position: \_\_\_\_\_  
Mother Employed? Yes/ No Company: \_\_\_\_\_ Position: \_\_\_\_\_  
Number of Siblings: Older \_\_\_ Younger: \_\_\_ Are any attending college or private school? Yes/No  
Names of schools attending: \_\_\_\_\_

**EDUCATIONAL PLANS**

What college or school are you planning to attend? \_\_\_\_\_  
This is a One \_\_\_ Two \_\_\_ Three \_\_\_ Four \_\_\_ year program.  
What is your intended major area of study? \_\_\_\_\_  
What is the cost per year?       Tuition \$ \_\_\_\_\_ Room & Board \$ \_\_\_\_\_  
  Books \$ \_\_\_\_\_ Activities & Lab Fees \$ \_\_\_\_\_  
If you plan to commute, please give an estimate of expenses for the academic year. \$ \_\_\_\_\_

**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? \$ \_\_\_\_\_  
Have you been notified of any financial aid? \_\_\_\_\_ if **Yes**, please list below.  
Loans \$ \_\_\_\_\_ BEOG \$ \_\_\_\_\_ Scholarships \$ \_\_\_\_\_  
Work Study \$ \_\_\_\_\_ State Scholarship \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Peter M. Twomey Memorial

**“Peter Twomey’s memorial banner hanging in the gym describes him as a “Crusader Who Promised to Excel.” Please explain how you plan to use your special abilities to make a positive contribution to our world, just as Peter would have worked to do.”**

**School and Community Service: Submit a list or statement of any additional activities or services that does not appear on your transcript.**

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

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**Comments: State briefly your reasons for wanting to further your education. Attach additional paper if necessary.**

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**Student Signature:** \_\_\_\_\_

**Please submit your application to:**

**Town of Groton  
Commissioners Of Trust Funds  
Peter M. Twomey Memorial  
173 Main Street  
Groton, MA 01450**