



# Worcester County Highway Association

PO BOX 446

Clinton, MA 01510

## 2017 Scholarship Application

*This application must be filled out in its entirety in order to be eligible for entry.*

*Forms that are not completed will be rejected and sent back to applicant.*

APPLICANT FULL NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

COLLEGE ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ DOB \_\_\_\_\_

HIGH SCHOOL ATTENDED \_\_\_\_\_ YEAR GRADUATED \_\_\_\_\_

COLLEGE CURRENTLY ATTENDING \_\_\_\_\_ GPA \_\_\_\_\_

MAJOR/ MINOR \_\_\_\_\_ # COURSES THIS SEMESTER \_\_\_\_\_

EXPECTED GRADUATION DATE \_\_\_\_\_ YEAR ENTERING \_\_\_\_\_

DO YOU CURRENTLY WORK/ WHERE \_\_\_\_\_ # WEEKLY HOURS \_\_\_\_\_

LIST ANY COMMUNITY SERVICE PERFORMED OVER THE PAST 2 YEARS & HOW OFTEN  
\_\_\_\_\_

HAVE YOU APPLIED FOR/ ARE YOU RECEIVING FINANCIAL AID \_\_\_\_\_

IF YES, WHAT IS YOUR EXPECTED FAMILY CONTRIBUTION (EFC) \_\_\_\_\_

SIBLINGS PRESENTLY ATTENDING COLLEGE:

NAME \_\_\_\_\_ COLLEGE \_\_\_\_\_ YRS TO GRADUATE \_\_\_\_\_

NAME \_\_\_\_\_ COLLEGE \_\_\_\_\_ YRS TO GRADUATE \_\_\_\_\_

WCHA SPONSOR \_\_\_\_\_ # OF YEARS WCHA MEMBER \_\_\_\_\_

RELATIONSHIP OF WCHA SPONSOR TO YOU \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_

SPONSOR SIGNATURE \_\_\_\_\_ SPONSOR PHONE \_\_\_\_\_

### **In addition to this completed application, applicant is REQUIRED to provide:**

1. 300-400 word essay detailing your interests, goals, achievements, honors & reasons for attending college
2. Transcript from your educational institution which indicates GPA/current class standing
3. Statement of scholarship need & proof of EFC
4. Letter of recommendation from a teacher who has personal knowledge of the applicant