

## **MANSFIELD WORLD WAR II MEMORIAL**

### **Scholarship Application**

The Mansfield World War II Memorial Scholarship Committee will award scholarships to graduating high school seniors and/or college undergraduates this year. Applicants must meet the following requirements:

1. Must be a Mansfield resident
2. Must be furthering their education at a two or four year accredited institution

#### **INSTRUCTIONS:**

1. Please complete both sides of the attached application. (Answer all questions – do not leave any blanks)
2. Date application
3. Sign application (both student and parent signatures required)
4. Return completed application to:

World War II Scholarship Committee  
c/o Town Manager's Office  
6 Park Row  
Mansfield, MA 02048

***APPLICATIONS MUST BE RECEIVED BY APRIL 15<sup>TH</sup>***



Name of Sibling	Age	Is he/she employed?	Employer name/address	Is he/she in college?	Name of college

Do you contribute to the support of your family? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Will any sibling be contributing to your education? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Do you plan to work (other than work study) during the academic year and summer? If yes, please explain.

\_\_\_\_\_

What college or secondary school do you plan to attend? \_\_\_\_\_

Have you been accepted? \_\_\_\_\_

What is the estimated total cost per year (tuition, room/board, books)? \_\_\_\_\_

How much of the above sum is available?

Financial Aid Package \$ \_\_\_\_\_ Savings/College Fund \$ \_\_\_\_\_

The space below may be used to enter any additional data that you wish to bring to the attention of the scholarship committee.

\_\_\_\_\_

\_\_\_\_\_

Provide three personal references (not relatives or related by marriage). These should be people who have known you for several years. Please provide full name and contact information.

Name	Address/Phone	Occupation

I, \_\_\_\_\_, hereby affirm that I have answered the above questions truthfully and completely.

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_