



# Brockton High School Alumni Association Scholarship Fund

Scholarship Application for \_\_\_\_\_

House and Homeroom \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birth Place \_\_\_\_\_

Home Address \_\_\_\_\_

Email Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

To what schools have you applied? Circle any schools that have accepted you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What profession or vocation are you considering? \_\_\_\_\_

\_\_\_\_\_

Where have you worked? \_\_\_\_\_

\_\_\_\_\_

How do you plan to finance your college education?

Savings \_\_\_\_\_ Earnings \_\_\_\_\_ Help from parents or others? \_\_\_\_\_

List your in-school and out-of-school activities \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The foregoing statements are true to the best of my knowledge and belief.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

## FAMILY FINANCIAL STATEMENT

The purpose of this scholarship is to give aid to promising students based on demonstrated achievement, an essay and need. To help us arrive at a decision, it is necessary to have knowledge of the financial situation existing in the family. This information is confidential. If you have any questions, please contact the BHS Alumni Office at [bhsalumni@bpsma.org](mailto:bhsalumni@bpsma.org) or at (508) 894-4563.

Candidate's name: \_\_\_\_\_ House & Homeroom \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Other members of the family who are dependents:

Name	Age	School	College
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Real Estate Owned: \_\_\_\_\_

Other Assets (bank accounts, securities, etc.): \_\_\_\_\_

\_\_\_\_\_

Indebtedness (mortgage, outstanding obligations, etc.) \_\_\_\_\_

\_\_\_\_\_

Special Family Circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*The foregoing statements are true to the best of my knowledge and belief.*

Signed: \_\_\_\_\_ Parent (or Guardian)

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

*Please return this form with both the Scholarship application and essay. You may email your application to: [Bhsalumni@bpsma.org](mailto:Bhsalumni@bpsma.org).*