



## Massachusetts Association of Insurance Women, Inc.

*You know someone who belongs.*

We Educate and Empower Insurance Professionals

March 5, 2020

To: Guidance Department

Enclosed please find an application form for the Carolyn T. Sacco Memorial Scholarship. We are pleased to offer two (2) \$1,000 scholarships this year.

The scholarships are available to high school seniors who are graduating from a public, private, or parochial high school in Berkshire County. The applicants must plan to attend college and major in **Business, Economics, or Insurance**.

The completed applications should be returned no later than May 5 to:

Rebecca Kelly  
c/o Greylock Insurance Agency  
PO Box 603  
Pittsfield, MA 01202

We ask that you encourage any student who qualifies to send an application to us along with any supporting documents, i.e. letter of recommendation, transcript, etc. Please feel free to contact me with any questions. Thank you.

Sincerely,

Rebecca Kelly  
Assistant Director & Treasurer, Berkshire County Chapter  
rkelly@greylock.org

[www.MAIW.org](http://www.MAIW.org)



**MAIW, INC., BERKSHIRE CHAPTER**

**CAROLYN T. SACCO MEMORIAL SCHOLARSHIP APPLICATION**

Open to high school seniors graduating from a public, private, or parochial high school in Berkshire County and planning to attend college and major in the fields of Business, Economics, or Insurance.

**RETURN COMPLETED FORM TO YOUR PRINCIPAL OR GUIDANCE COUNSELOR BY MAY 1**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

HIGH SCHOOLS AND DATES ATTENDED: \_\_\_\_\_

SCHOOL HONORS AND AWARDS: \_\_\_\_\_

SCHOOL ACTIVITIES: \_\_\_\_\_

ACTIVITIES OUTSIDE OF SCHOOL, HOBBIES: \_\_\_\_\_

WORK EXPERIENCE DURING HIGH SCHOOL AND SUMMERS: \_\_\_\_\_

CAREER PLANS: \_\_\_\_\_

COLLEGES APPLIED TO (ORDER OF PREFERENCE, IF ANY): \_\_\_\_\_

AT WHAT COLLEGES HAVE YOU BEEN ACCEPTED: \_\_\_\_\_

WHAT OTHER SCHOLARSHIP AID HAVE YOU APPLIED FOR OR RECEIVED: \_\_\_\_\_

FATHER'S OR GUARDIAN'S NAME AND ADDRESS: \_\_\_\_\_

EMPLOYER AND JOB TITLE: \_\_\_\_\_

MOTHER'S OR GUARDIAN'S NAME AND ADDRESS: \_\_\_\_\_

EMPLOYER AND JOB TITLE: \_\_\_\_\_

LIST SIBLINGS WITH AGES AND INDICATE IF PRESENTLY ATTENDING COLLEGE:

INDICATE IF FAMILY HAS UNUSUAL MEDICAL, DEPENDENT OR OTHER EXPENSES:

The information give in this application is complete and correct to the best of our knowledge. We understand that the award, if granted, shall be withdrawn if the applicant elects not to attend an accredited college, junior college, university, or other school of higher education.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

APPLICANT: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_

STUDENT RANK: \_\_\_\_\_ IN CLASS OF: \_\_\_\_\_ SCHOLASTIC AVERAGE: \_\_\_\_\_

COLLEGE BOARD/SAT SCORES: \_\_\_\_\_

ADDITIONAL INFORMATION WHICH YOU BELIEVE WHILL HELP THE COMMITTEE TO EVALUATE STUDENT'S APPLICATION:

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date