

PEMBROKE HIGH SCHOOL SCHOLARSHIP APPLICATION

NAME OF SCHOLARSHIP: **TED SHEEHAN MEMORIAL SCHOLARSHIP**

PLEASE FILL THIS FORM COMPLETELY, ACCURATELY, AND NEATLY—TYPE OR USE BLACK INK.

*Ted Sheehan was a graduate from Silver Lake Regional High School and a resident of Pembroke. He loved the sport of ice hockey, enjoyed playing, coaching and watching it. The mission of this scholarship is to award two seniors who strive for academic excellence and love the sport of hockey. Please write a 500+ essay of "Why I love the sport of ice hockey and what lessons have I learned from either participating, coaching or watching it." Attach the essay to the application before submitting to the Guidance office by April 3, 2023. (This also could be someone that has never played ice hockey but loves to watch the Bruins).

PLEASE INCLUDE AN UNOFFICIAL TRANSCRIPT

FULL NAME _____

HOME ADDRESS _____

PHONE NUMBER _____

HIGH SCHOOL ATTENDING _____

WHAT CAREER DO YOU WANT TO PURSUE AFTER YOU FINISH COLLEGE?

COLLEGES TO WHICH YOU HAVE APPLIED:

COLLEGES TO WHICH YOU HAVE BEEN ACCEPTED:

1st COLLEGE CHOICE: _____ TUITION: _____

2nd COLLEGE CHOICE: _____ TUITION: _____

3rd COLLEGE CHOICE: _____ TUITION: _____

LIST ALL SCHOLARSHIPS, GRANTS, AND FINANCIAL AID WHICH YOU HAVE BEEN AWARDED.

TOTAL AID: _____

ESTIMATED PARENTAL CONTRIBUTION: _____

ESTIMATED STUDENT CONTRIBUTION: _____

ANTICIPATED FINANCIAL NEEDS: _____

DO YOU OWN A CAR? _____ WILL YOU COMMUTE TO COLLEGE? _____

PERSONAL INFORMATION

NAME OF FATHER OR GUARDIAN: _____

ADDRESS: _____

NAME OF MOTHER OR GUARDIAN: _____

ADDRESS: _____

FATHER'S OCCUPATION: _____

EMPLOYED BY: _____

MOTHER'S OCCUPATION: _____

EMPLOYED BY: _____

TOTAL NUMBER OF PERSONS DEPENDENT ON PARENTS (INCLUDES SELF AND PARENTS): _____

NAMES/AGES OF FAMILY MEMBERS ATTENDING COLLEGE: _____

LIST ALL SCHOOL AND COMMUNITY ACTIVITIES, HONORS, PRIZES HELD, OFFICES HELD:

WORK EXPERIENCE

IN THE SPACE BELOW, STATE WHY YOU ARE APPLYING FOR FINANCIAL AID, TO ASSIST US IN MAKING AWARD

DECISIONS. FEEL FREE TO USE AN ADDITIONAL PAGE IF YOU NEED ADDITIONAL SPACE. PLEASE BE AS SPECIFIC AS POSSIBLE

I AFFIRM THAT THE ABOVE INFORMATION IS CORRECT AND THAT I WISH TO BE CONSIDERED FOR A SCHOLARSHIP TO HELP FUND POSTGRADUATE EDUCATION EXPENSES.

PARENT SIGNATURE: _____ STUDENT SIGNATURE: _____