

PEMBROKE HIGH SCHOOL SCHOLARSHIP APPLICATION

NAME OF SCHOLARSHIP **ELEANOR I. WALLS SCHOLARSHIP**

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

*****PLEASE INCLUDE A UNOFFICIAL TRANSCRIPT**

FULL NAME _____

HOME ADDRESS _____

PHONE NUMBER _____

HIGH SCHOOL ATTENDING _____

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

WHAT IS YOUR INTENDED MAJOR: _____

COLLEGES TO WHICH YOU HAVE APPLIED:

COLLEGES TO WHICH YOU HAVE BEEN ACCEPTED:

COLLEGE CHOICE:

1 st COLLEGE CHOICE: _____	TUITION & FEES _____
2 nd COLLEGE CHOICE: _____	TUITION & FEES _____
3 rd COLLEGE CHOICE: _____	TUITION & FEES _____

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 POST GRADUATE EDUCATION EXPENSES.

PARENT SIGNATURE: _____ STUDENT SIGNATURE: _____

MAIL COMPLETED APPLICATION TO:
Ms. Jessica Walls
20 Gates Road
Marshfield MA 02050
MUST BE POSTMARKED NO LATER THAN APRIL 1, 2024