Pembroke High School Scholarship Application

Name of Scholarship: **PEMBROKE TEACHERS ASSOCIATION**

Name of Elementary School (circle): Bryantville, Hobomock, North Pembroke

Please fill this form out completely, accurately, and neatly. Include an unofficial transcript.

Full name: _____

Home address: _____

Mailing address (if different from above) : _____

Phone number: _____

What career do you want to pursue after finishing college?: _____

1st College Choice: _____ Tuition + Room & Board = $ _____

2nd College Choice: _____ Tuition + Room & Board = $ _____

3rd College Choice: _____ Tuition + Room & Board = $ _____

List all scholarships, grants, and financial aid which you have been awarded.

_____

_____

_____ $_____total aid

$ _____ estimated parental contribution

$ _____ estimated student contribution

$ _____ anticipated financial needs

Name of Parent #1 or Guardian #1: _____

Address: _____

Occupation: _____ Employed by: _____

Name of Parent #2 or Guardian #2: _____

Address: _____

Occupation: _____ Employed by: _____

Total number of persons dependent on parent (including self and parents): _____

List all school and community activities, honors, prizes held,offices held (or include resume):

_____

_____

_____

List work experiences (or include resume):

_____

_____

_____

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 or attach a typed response. Please be as specific as possible.

_____

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_____

I affirm that the above information is correct and that I will be considered for a scholarship to help fund postgraduate education expenses.

Student Signature: _____ Parent Signature: _____

COMPLETED APPLICATIONS ARE TO BE TURNED INTO MRS. WEBB NO LATER THAN APRIL 6, 2026