PHS GENERIC APPLICATION

PEMBROKE HIGH SCHOOL SCHOLARSHIP APPLICATION

NAME OF SCHOLARSHIP **The Sullivan Family Foundation Scholarship**

The Sullivan Family Foundation Scholarship is open to graduating seniors who want to study a field that helps people, animals and the communities we live in. We are especially interested in students who are passionate about environmental conservation & sustainability, agriculture, and community well-being. Applicants are to include a short statement about what they hope to study and how they want to make a positive difference in their community and beyond

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?

_____

_____

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:_____

_____

DEADLINE IS APRIL 6,2026

Completed applications are to be mailed or emailed to:

Elizabeth Kenney
Protectowire
60 Washington Street
Pembroke MA 02359
ekenney@protectowire.com

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: _____