



## CITY OF WALTHAM SCHOLARSHIP

TO THE APPLICANT:

Please complete this application so we can determine your eligibility for receiving funds set aside to help students who plan to go on to postsecondary education, and who satisfy other criteria developed by the committee.

If any questions are not applicable to your current situation, please attach an explanatory note referring to the questions by section. If more space is required for information on any items, you may attach additional information. Please indicate appropriate sections.

REMEMBER: This application becomes valid only when the following have been submitted:

- ✓ **Application**
- ✓ **Most current official high school or college transcript**

**PLEASE REMIT THREE COPIES OF YOUR APPLICATION PACKAGE.**

**\*\*Three copies of this application must be returned to the Treasurer's Office no later than Friday February 16, 2024**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (if student is less than 18 years old) \_\_\_\_\_

**PLEASE PRINT OR TYPE**

**APPLICANT DATA**

Mr.  \_\_\_\_\_  
 Ms.  Name (Last) (First) (MI) \_\_\_\_\_

Permanent Address (Street) (City) (State) (Zip) \_\_\_\_\_  
 \_\_\_\_\_ ( ) \_\_\_\_\_  
 Date of Birth (month, day, year) Telephone Number E-Mail Address \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_

Permanent mailing address of parent/guardian if different from applicant  
 (Street) (City) (State) (Zip) \_\_\_\_\_  
 \_\_\_\_\_ ( ) \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

**SCHOOL DATA**

High School Attended \_\_\_\_\_ Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Address \_\_\_\_\_ (Street) (City) (State) (Zip) \_\_\_\_\_ ( ) \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

Name of High School Principal \_\_\_\_\_

Name of postsecondary school for which applicant's scholarship is requested: \_\_\_\_\_  
 4-year College/University  Vo-Tech   
 Community College  Other   
 Accredited? Yes  No

Address \_\_\_\_\_ (City) (State) (Zip) \_\_\_\_\_

Year in postsecondary program during coming school year: Undergraduate 1 2 3 4 5 or Graduate 6

Student will:  Live on campus  Live off campus  commute

Enrolled:  less than half-time  half-time or more  full-time

Anticipated date of graduation from postsecondary program \_\_\_\_\_ (month) (year)

Major field of study applicant plans to pursue \_\_\_\_\_

**OTHER AWARDS**

Please list below the names and amounts of any grants or scholarships that you have been awarded for the coming school year.

Name of Award	Amount	Granted	Pending

## PERSONAL DATA

Describe your work experience during the **past 4 years**. Indicate dates of employment in each job and approximate number of hours worked each week. List total amounts earned at each job.

Position	Date From (mo/yr)	Date To (mo/yr)	Hours Per Week	Amount Earned

List all school activities in which you have participated during the **past 4 years** (e.g., student government, music, sports, etc.) List all community activities in which you have participated without pay during the **past 4 years** (e.g., Red Cross, church work, volunteer work). Indicate all special awards and honors.

Activity	No. of Years	Special Awards, Honors, Offices Held	Activity	No. of Years	Special Awards, Honors, Offices Held

1. Please attach a biographical sketch. The Committee is interested in knowing the precise nature of your financial needs and finding out your plans for the future, in hearing of incidents that show your industry, ingenuity, and character. Mention any prizes, distinctions, or scholarships you have won in high school and in the community.
2. Students currently enrolled in college or vocational-technical school must include recent college or technical school transcript of grades and a letter of recommendation from college counselor or advisor, an instructor or a supervisor.