

*ATHOL HIGH SCHOOL SCHOLARSHIP ASSOCIATION
APPLICATION FORM – A.H.S. ALUMNI*

**RETURN THIS COMPLETED APPLICATION WITH A TRANSCRIPT TO
CYNTHIA HUGHES, AHS GUIDANCE, 2363 MAIN STREET, ATHOL MA 01331
BY April 15th.**

Name: _____
(First - No nicknames, please) (M.I.) (Last) Phone #

Mailing Address: _____
Number and Street – or P.O. Box City State Zip Code

Email: _____

Field of Study: _____ Student ID # _____

Name of college you will attend next year: _____

Address of the college: _____
(Address of the business office at the college) City State Zip Code

Number of years you will attend: 2 ____ 4 ____ other ____ Year of college graduation: _____

- Annual income of father \$ _____
- Place of employment: _____

- Annual income of mother \$ _____
- Place of employment: _____

TOTAL ANNUAL INCOME: \$ _____

ESTIMATED YEARLY EXPENSES (COLLEGE COSTS) \$ _____
(INCLUDE: tuition, fees, room, board, books, supplies,
transportation and personal expenses)

A. How much do you expect to earn for your educational needs during this calendar year? \$ _____

B. How much will your parents be able to contribute? \$ _____

C. Other funds available for your education (scholarships, grants, relatives, etc.) \$ _____

TOTAL OF A, B & C \$ _____

D. **AMOUNT OF NEED** (Subtract total of A, B & C from college costs) \$ _____

- How much do you expect to borrow in loans for your education next year? _____
- Total number of family attending college next year (**include yourself**) _____
- Number of brothers and sisters in Athol/Royalston schools next year _____
- Total number in family at home next year (**include yourself**) _____
- Do **you** have any dependent children? _____ If yes, how many? _____
- Year you graduated from Athol High School _____
- If different from above, name as listed on your A.H.S. diploma _____

Scholarships will be awarded to full-time students who are enrolled in undergraduate degree programs. To qualify as a full-time student you must earn a minimum of 12 credits per semester. Graduate level programs are not eligible for this financial aid.

***INCOMPLETE APPLICATIONS OR APPLICATIONS WITHOUT A TRANSCRIPT
WILL NOT RECEIVE CONSIDERATION!***

On a separate sheet of paper, please write a brief description of your career plans and reasons for your need of scholarship assistance. Indicate any circumstances that present an unusual hardship to your ability to meet college or school expenses.

Please also include a brief overview of any current community service.

***PLEASE RETURN YOUR COMPLETED APPLICATION TO
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2363 MAIN STREET, ATHOL MA 01331***