

*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 15<sup>th</sup>.**

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

E-Mail Address: \_\_\_\_\_

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

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: \_\_\_\_\_

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

- 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.**

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