

**ATHOL HIGH SCHOOL SCHOLARSHIP ASSOCIATION  
APPLICATION FORM – A.H.S. CLASS OF 2024**

**RETURN THIS COMPLETED APPLICATION WITH A TRANSCRIPT AND ACTIVITY SHEET  
BY April 15<sup>th</sup> TO: MRS. HUGHES IN THE GUIDANCE OFFICE.**

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

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

Telephone Number: \_\_\_\_\_ Email \_\_\_\_\_

Field of Study: \_\_\_\_\_ College ID if available \_\_\_\_\_

Name of college you will attend: \_\_\_\_\_

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) \$ \_\_\_\_\_

**(over) →**

**(over) →**

**(over) →**

- 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? \_\_\_\_\_
- Do you plan to major in music? yes\_\_\_\_ no\_\_\_\_
- Do you plan to major in art? yes\_\_\_\_ no\_\_\_\_
- Did you ever attend Sanders St. School? yes\_\_\_\_ no\_\_\_\_
- Is a parent or relative a member of the American Legion? yes \_\_\_\_ no \_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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.

***INCOMPLETE APPLICATIONS OR APPLICATIONS WITHOUT  
TRANSCRIPTS WILL NOT RECEIVE CONSIDERATION!***

**On a separate sheet of paper, please type 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 community service.**

***RETURN THIS COMPLETED APPLICATION DIRECTLY TO MRS HUGHES  
IN THE GUIDANCE OFFICE ON OR BEFORE APRIL 15th.***