

ATHOL HIGH SCHOOL SCHOLARSHIP ASSOCIATION
APPLICATION FORM – A.H.S. CLASS OF 2026

RETURN THIS COMPLETED APPLICATION WITH A TRANSCRIPT AND ACTIVITY SHEET
BY April 15th TO: STUDENT SERVICES 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 students that are enrolled in undergraduate degree programs. To qualify as a full-time student you must earn a minimum of 12 credits per semester students earning less than 12 credits but a minimum of 9 will receive prorated awards.

***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.***