



*Marion Social Club, Inc.*  
*P. O. Box 763*  
*Marion, MA 02738*

## SCHOLARSHIP APPLICATIONS 2019

THE MARION SOCIAL CLUB, INC. WILL RECEIVE APPLICATIONS FOR SCHOLARSHIP AID FROM GRADUATING STUDENTS, RESIDENT IN MARION, MATTAPOISETT, OR ROCHESTER UNTIL **April 29, 2019**.

CONTACT YOUR GUIDANCE COUNSELOR FOR APPLICATION FORMS AND DETAILS REGARDING THE FILING OF APPLICATIONS.

EXCERPT FROM BY-LAWS, ARTICLE 5, SECTION 2—SCHOLARSHIP AID

"The committee shall review the qualifications of applicants for scholarship aid. It shall examine the applications and essays presented by the applicants, investigate the financial need of each, as well as the background of each applicant by contacting the local high school authorities where the applicant attended. The qualifications of each applicant shall include his or her citizenship record, general overall ability, interest, and progress as a student during high school."

"Financial need shall be the primary criteria to determine eligibility."

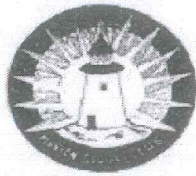
"No son or daughter of any member of the Marion Social Club, Inc. shall be eligible for consideration for scholarship aid."

**ALL APPLICATIONS SHALL BE SUBMITTED IN A SEALED ENVELOPE CLEARLY MARKED "SCHOLARSHIP APPLICATION" AND SENT BY U.S. MAIL TO:**

**Marion Social Club, Inc.**  
**P.O. Box 763**  
**Marion, MA 02738**

**TO ARRIVE BEFORE THE DEADLINE OF APRIL 29, 2019.**

(Any other method of delivery will be rejected!)



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### Scholarship Application

Instructions: All blanks must be completed in Black or Blue ink.

1. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
TOWN \_\_\_\_\_ HOME TEL \_\_\_\_\_ GRADUATING FROM \_\_\_\_\_
2. COLLEGE OR UNIVERSITY YOU PLAN TO ATTEND \_\_\_\_\_  
COLLEGE ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
CAREER GOAL \_\_\_\_\_
  - A. PROPOSED MAJOR \_\_\_\_\_ ANNUAL COST \$ \_\_\_\_\_
  - B. TITLE OR DEGREE \_\_\_\_\_ HOW MANY YEARS \_\_\_\_\_
  - C. WHAT FINANCIAL AID HAVE **YOU** RECEIVED TO DATE \$ \_\_\_\_\_  
HAVE YOU APPLIED TO "FAFSA"? Y/N \_\_\_\_\_ ESTIMATED AWARD \$ \_\_\_\_\_
  - D. HOW MUCH MONEY HAVE **YOU** SAVED TOWARD COLLEGE EXPENSES? \$ \_\_\_\_\_
3. LIST ANY SCHOOL HONORS, PRIZES, AWARDS (by years) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - A. SENIOR CLASS RANK \_\_\_\_\_ TOTAL IN YOUR CLASS \_\_\_\_\_ GRADE POINT AVERAGE \_\_\_\_\_
4. LIST ALL SCHOOL EXTRA-CURRICULAR ACTIVITIES AND OFFICES HELD: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. LIST ALL COMMUNITY ACTIVITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. LIST ALL YOUR PART-TIME JOBS, WITH EMPLOYERS NAME, AND DATES EMPLOYED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. NAME OF PARENT(S), OR GUARDIAN(S), RESIDING AT YOUR HOME:
  - A. \_\_\_\_\_ TELEPHONE \_\_\_\_\_
  - B. NAME YOUR BROTHERS AND SISTERS WITH THEIR AGES: \_\_\_\_\_  
\_\_\_\_\_
  - C. ARE ANY PRESENTLY IN COLLEGE? \_\_\_\_\_  
THEIR GRADUATING YEAR(S): \_\_\_\_\_
8. ATTACH A SEPARATE PAGE TO EXPLAIN YOUR EDUCATIONAL PLANS, YOUR GOALS FOR THE FUTURE, AND THE PRIMARY REASON FOR SELECTING YOUR STATED CAREER.

9. WRITE A PARAGRAPH ABOUT YOUR VIEWS ON WHAT YOU CAN DO TO IMPROVE THE QUALITY OF LIFE FOR ALL PEOPLE.

10. YOUR GUIDANCE GOUNSELOR'S NAME \_\_\_\_\_ OFFICE TEL. \_\_\_\_\_

11. WRITE A PARAGRAPH TO EXPLAIN WHY YOU NEED FINANCIAL ASSISTANCE.

Attach the most recent copy of your school transcript.

DATE COMPLETED \_\_\_\_\_

\_\_\_\_\_  
Applicant's full signature

All information will remain confidential.

Date of Graduation \_\_\_\_\_