



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

SCHOLARSHIP APPLICATIONS 2023

THE **MARION SOCIAL CLUB, INC.** WILL RECEIVE APPLICATIONS FOR SCHOLARSHIP AID FROM GRADUATING STUDENTS, RESIDENT IN MARION, MATTAPOISETT, OR ROCHESTER UNTIL **April 28, 2023.**

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 28, 2023.

(Any other method of delivery will be rejected!)



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

Scholarship Application

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

1. NAME _____ ADDRESS _____
TOWN _____ HOME TEL _____ GRADUATING FROM _____
2. COLLEGE OR UNIVRSITY 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.

Scholarship Application

Instructions: All blanks must be completed in block or blue ink.

1. NAME _____ ADDRESS _____
TOWN _____ GRADUATING FROM _____

2. COLLEGE OR UNIVERSITY YOU PLAN TO ATTEND _____
COLLEGE ADDRESS _____ CITY _____ STATE _____
CAREER GOAL _____

3. A. PROPOSED MAJOR _____ A. INITIAL COST? _____
B. TITLE OR DEGREE _____ HOW MANY YEARS _____
C. WHAT FINANCIAL AID HAVE YOU RECEIVED TO DATE? _____
HAVE YOU APPLIED TO FELLOWSHIP AWARDS? _____
D. HOW MUCH MONEY HAVE YOU SAVED TOWARD COLLEGE EXPENSES? _____
E. LIST ANY SCHOOL HONORS, PRIZES, AWARDS (if any) _____

4. A. SENIOR CLASS RANK _____ TOTAL IN YOUR CLASS _____ GRADE POINT AVERAGE _____
LIST ALL SCHOOL EXTRA-CURRICULAR ACTIVITIES AND OTHERS _____
HELPS _____

5. LIST _____ A. I. _____
ACTIVITIES _____
COMPANIES _____

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 ADDRESSES _____

8. CARE _____ A. _____ AND _____
COLLEGE _____ THEIR GRADUATING YEAR(S) _____
IN _____ PRESENTLY _____

9. ATTACH A SEPARATE PAGE TO EXPLAIN YOUR EDUCATIONAL PLANS, YOUR GOALS FOR THE FUTURE AND THE PRIMARY REASON FOR SELECTING YOUR STATED CAREER.

9. TELL US YOUR VIEWS ON WHAT **YOU** CAN DO TO IMPROVE THE QUALITY OF LIFE FOR ALL PEOPLE.

10. **YOUR** GUIDANCE COUNSELOR'S NAME _____ OFFICE TEL. _____

11. IN YOUR OWN WORDS, 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 _____