



**MASSACHUSETTS CHAPTER OF  
THE UNITED POSTMASTERS AND MANAGERS  
OF THE UNITED STATES**

**SCHOLARSHIP APPLICATION**

**Must be postmarked no later than March 22, 2024  
Tracking must be included**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of related UPMA Member: \_\_\_\_\_ Relationship: \_\_\_\_\_

Title & Office of Member: \_\_\_\_\_

Address of Member: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

**LIST ALL HIGH SCHOOLS AND COLLEGES ATTENDED**

Name of School	Location	Dates Attended
_____	_____	_____
_____	_____	_____

Have you applied to college? Yes No    Are you currently enrolled in College? Yes No

When do you expect to graduate? \_\_\_\_\_ Expected college major: \_\_\_\_\_

**COLLEGE CHOICES**

1<sup>ST</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

**REQUIRED INFORMATION**

- 1) Attach an essay stating your educational objectives.**
- 2) All students must attach official grade transcripts. High School students must also attach GPA & SAT composite scores.**
- 3) Please attach at least one teacher (HS student) or professor/advisor (college student) recommendation.**

4) Other scholarships received: \_\_\_\_\_

\_\_\_\_\_

5) Honors, prizes or recognition received in high school/college: \_\_\_\_\_

\_\_\_\_\_

6) School activities including year(s) of participation and any offices held: \_\_\_\_\_

\_\_\_\_\_

7) List non-school activities: \_\_\_\_\_

\_\_\_\_\_

**Submit completed application with attachments to:**

**Monique Omalley, Chair  
90 State Rd  
Baldwinville MA 01436**

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**Certification**

All of the above statements are true and correct. I believe that I am eligible to apply for a scholarship, and agree to abide by the decision of the selection committee.

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY THE GUIDANCE DEPARTMENT OF HIGH SCHOOL STUDENTS**

Grade Point Average: \_\_\_\_\_ SAT/ACT Score: \_\_\_\_\_

Class Rank: \_\_\_\_\_ out of \_\_\_\_\_ (Total seniors)

Signature of Guidance Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

**Incomplete applications will be disqualified**