



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

SCHOLARSHIP APPLICATION

Must be postmarked no later than April 1, 2026
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	Expected Graduation
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_____	_____	_____	_____
_____	_____	_____	_____

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

Expected college major: _____ When do you expect to graduate? _____

COLLEGE CHOICES

1ST Choice: _____ SAT's required: Yes or No

2nd Choice: _____ SAT's required: Yes or No

3rd Choice: _____ SAT's required: Yes or No

REQUIRED INFORMATION

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

5) Other scholarships received: _____

6) Honors, prizes or recognition received in high school/college: _____

7) School activities including year(s) of participation and any offices held: _____

8) List non-school activities: _____

Submit completed application with attachments to:

**Matt Delgado, Chair
17 Englewood Ave
Worcester MA 01603**

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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 Scores if required: _____

Class Rank: _____ out of _____ (Total seniors)

Signature of Guidance Counselor: _____ Date: _____

**Previous winners will receive secondary consideration
Incomplete applications will be disqualified**