

# HHS – BMHS Alumni Association

PO Box 8, N. Billerica Ma 01862

## 2025 Scholarship Award Application

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Please provide an email address other than your school address in case we need to contact you.**

Parents Name, phone # and email address: \_\_\_\_\_

What college(s) have you been accepted to, and plan to attend:

\_\_\_\_\_  
\_\_\_\_\_

What is your course of study? \_\_\_\_\_

Have any of your parents, grand-parents or great-grandparents graduated from either Howe High or Billerica Memorial High School? (Circle one) Yes No

If yes, please provide us with their full name (include maiden name) at the time of graduation and year of their graduation: \_\_\_\_\_

***Please return this application with the following:***

- **Your high school transcript.**
- **Your activity sheets. (see attached) (Resume' is optional)**
- **A typed essay, with no less than 100 words. Please share with us your plans, goals, your philosophy, beliefs or a very important person or event that influenced or shaped your life for this very important time in your life.**

Your application will be rated on the above items.

- These scholarships will be announced at the BMHS Senior Award Night May 28th, and formally handed out at the Alumni Banquet on Saturday, June 7, 2025.
- To receive this award, you **MUST** attend the Alumni Banquet on June 7, 2025. Our banquet will be held at the BMHS High School Café. Start time is 1 pm. We will be sending out more information as we get closer to June 7<sup>th</sup>.
- Please keep updated on our website for all updates and changes: [bmhsalumni.org](http://bmhsalumni.org)

**APPLICATION DUE DATE IS April 1, 2025: Must be postmarked 4/01/2025.**

Contact person: Betty Patriquin 978-994-6463 Please email us to make sure your application has been received.

E-MAIL ALL APPLICATIONS TO: [billericaalum@gmail.com](mailto:billericaalum@gmail.com)

Or mail to:

HHS – BMHS Alumni Association

Scholarship Application

P.O. Box 8

No. Billerica, MA 01862-0008

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Please fill out the following activity sheet, be thorough and provide specific information with year(s).  
EXAMPLE: Football 9, 10, 11 Captain 12; Member of School Council- 11 & 12, Class President 12.):  
If you attach a resume' to this package please state so on this sheet. Please. Give us as much information on yourself, we do accept resumes with this application.

## **Activity Sheet**

Name of applicant: \_\_\_\_\_

Extra curriculum activities (sports, band, clubs, etc. - Please include name and years.)

\_\_\_\_\_

Awards (sport awards, scholastic awards, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

High School Work Experience (list work and approximate hours)

\_\_\_\_\_

\_\_\_\_\_

Community/Volunteer Service (church, school, etc.)

\_\_\_\_\_

\_\_\_\_\_

Leadership, please explain

\_\_\_\_\_

\_\_\_\_\_

Hobbies

\_\_\_\_\_

\_\_\_\_\_

Contributions to Family

\_\_\_\_\_

\_\_\_\_\_