2022 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 have you been accepted to and plan to attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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)**
    - **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, and formally handed out at the Alumni Banquet TBA, you will be our guest at the banquet.
    - To receive this award, you **MUST** attend the Alumni banquet in June.
    - Due to these uncertain times please keep updated on our website for the banquet date and any changes: bmhsalumni.org

***APPLICATION DUE DATE IS APRIL 2, 2022: Must be postmarked 4/2/22***

Contact person: Betty Patriquin 978-994-6463.

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

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.

**Activity Sheet**

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

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

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Awards (sport awards, scholastic awards, etc.)

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High School Work Experience (list work and approximate hours)

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

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Leadership, please explain

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Hobbies

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Contributions to Family

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