

# BRAINTREE HIGH SCHOOL



## LOCAL SCHOLARSHIP APPLICATION

DEADLINE TO SUBMIT APPLICATION TO THE REGISTRAR'S OFFICE

MARCH 9, 2018

(PLEASE PRINT NEATLY)

All applicants must be members of the senior class at Braintree High School. All applications must be completed accurately and completely and returned on time. The Local Scholarship Committee will select recipients from these applicants. The criteria for each scholarship is determined by the donors and governed by the policies of the Braintree School Committee.

Name \_\_\_\_\_ Counselor \_\_\_\_\_ CLASS RANK \_\_\_\_\_

Address \_\_\_\_\_ H.R./HSE. \_\_\_\_\_

Elementary School Attended \_\_\_\_\_ Middle School Attended \_\_\_\_\_

Is either parent a veteran? \_\_\_\_\_ Dates of Service \_\_\_\_\_ Branch \_\_\_\_\_

College Major \_\_\_\_\_ Career Goal \_\_\_\_\_

Parent/Grandparent who is Braintree Education Assoc. Member \_\_\_\_\_ NO \_\_\_\_\_ YES

(if yes)  
Name: \_\_\_\_\_ School \_\_\_\_\_ Position: \_\_\_\_\_

Any relations who are members of the Braintree Fire Dept/Police Dept. \_\_\_\_\_ NO \_\_\_\_\_ YES

(if yes)  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent who is currently an active BELD employee: Name \_\_\_\_\_

Circle One: Father/Mother

Have you applied for Financial Aid? \_\_\_\_\_

List siblings and the schools they attend:: \_\_\_\_\_

ADJUSTED GROSS INCOME FROM LINE ITEM 37 ON 1040 TAX FORM; OR LINE ITEM 21 FORM 1040A; OR LINE ITEM 4 ON FORM 1040EZ :

\*\*FOR PARENT(S) \$ \_\_\_\_\_ FOR STUDENT \$ \_\_\_\_\_

\*\*This information is optional- however, if this is left blank, the student will NOT be eligible for any scholarships that state "NEED" as a criterion.

(OVER)

Special circumstances in family (illness, disability, unemployment, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list your extracurricular activities **in order of their importance to you**. Include sports, clubs, community service, and employment. **Also, please attach a resume/activity sheet.**

Why do you feel you are a good candidate for a local scholarship?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Be sure to answer **all** questions on the application form. **The information supplied on this application is confidential.** It will be revealed **ONLY** to the members of the Local Scholarship Committee.

**PLEASE NOTE:** All information on this application must be accurate. Misinformation will result in withdrawal from consideration.

The information above is correct to the best of my knowledge:  
Applicant Signature \_\_\_\_\_  
Parent Signature \_\_\_\_\_