

**GROTON WOMAN'S CLUB
2024 SCHOLARSHIP APPLICATION**

**Available to students of the Groton-Dunstable Regional High School, Nashoba Valley
Technical High School, and the Francis W. Parker Charter School**

Personal Data

Name _____ Date of Birth _____

Address (street) _____

(mailing address -- if different) _____

(town) _____ Phone _____

NOTE: Applicant must be a resident of the Town of Groton or West Groton

Name of Parents/Guardian _____

Address (street) _____

(town) _____

Family Data

Father employed? Yes _____ No _____ Position _____

Place of Employment _____

Mother employed? Yes _____ No _____ Position _____

Place of Employment _____

Number of older siblings _____ Number of younger siblings _____

Are any siblings currently attending either college or private school? Yes _____ No _____

If yes, give name(s) of institutions attending _____

Educational Plans

What college or school are you planning to attend? _____

What is your intended major area of study? _____

This is a Two _____ Three _____ Four _____ year program

What is the cost per year? Tuition _____

Room & Board _____

Books _____

Activity and Lab Fees _____

Miscellaneous Expenses _____

(Continued on reverse side of page)

Financial Information

Are you employed? Yes _____ No _____ If Yes, Where _____

How long have you been working? _____

Have you saved any money toward your college expenses? Yes _____ No _____ If yes, how much? _____

How much can your family contribute toward your expenses annually? _____

Have you applied for financial aid? _____

If not, why not? _____

Have you been notified of any financial aid? _____

If yes, please list: Loans _____
 BEOG _____
 Scholarships _____
 Work Study _____
 Other _____

Are these annual or one-time awards? Explain _____

On a separate sheet of paper, answer the following questions neatly and in detail.

1. Please describe your **senior project**.
2. Please state your reasons for wanting to further your education.

Special Circumstances: Please indicate in this space or on a separate sheet of paper any unusual circumstances that the scholarship committee should be aware of, i.e., illness or death in the family, unemployment or seasonal employment, unexpected expenses, etc. If there are none, leave this space blank.

PLEASE ATTACH A COPY OF YOUR TRANSCRIPT AND A DETAILED LIST OF YOUR EXTRACURRICULAR ACTIVITIES, INCLUDING COMMUNITY SERVICE AND EMPLOYMENT HISTORY. SEND YOUR COMPLETED APPLICATION PACKET TO:

**GROTON WOMAN’S CLUB
SCHOLARSHIP COMMITTEE
C/O SUSAN S. SLADE, CO-CHAIRMAN
P. O. BOX 849
GROTON, MA 01450**

YOUR APPLICATION PACKET MUST BE RECEIVED NO LATER THAN APRIL 30, 2024

Student Signature _____ Date _____