



*East Fairhaven Improvement
Association*

PO Box 710 ~ Fairhaven, MA 02719

**SCHOLARSHIP APPLICATION RULES AND
ELIGIBILITY**

**Applicants must be residents of East Fairhaven which is Precinct 6 ,
or a child or grandchild of an ACTIVE member of the East Fairhaven
Improvement Association, and be applying or attending an institute of
continued learning. (Child or grandchild need not be a Fairhaven
resident.)**

**Applicants must complete the attached application and return it to the
East Fairhaven Improvement Association - Scholarship Committee at
the address above no later than April 12, 2019**

**There will be one scholarship in the amount of \$500 awarded. The
scholarship will be awarded to the most qualified applicant based on
the above criteria, as well as the following:**

- **Presentation of Application**
 - **Financial Need**
 - **Community Service**
 - **Academic Performance**

(not listed in any order)

**All applicants must comply with the stated criteria, membership
included**



East Fairhaven Improvement Association

PO Box 710 ~ Fairhaven, MA 02719

SCHOLARSHIP APPLICATION

Name: _____

Address: _____

Telephone: _____ High School: _____

Aptitude Test Scores (SAT) Verbal: _____ Math: _____

School Activities: _____

High School Students Complete This Section

Special Honors/Awards: _____

Planned Area of Study (Major): _____

School(s) to which you've been accepted/applied for acceptance: _____

****Please attach a brief paragraph of your educational goals****

College Students Complete This Section

Name of School: _____ Major: _____

Year Attending: _____ GPA: _____

School Activities/Areas of Special Interest/Talents/Community Work: _____

****Please attach a brief paragraph of your educational goals****

All Applicants:

I certify that all information supplied in this application is accurate and truthful to the best of my knowledge

Signature of Applicant

Date