

Fairhaven Mothers' Club Trowbridge-Whitfield Scholarship Application

Founded in 1915, the Fairhaven Mothers' Club has worked for almost 100 years promoting the education, health, and welfare of children and families of the Fairhaven and Southcoast Massachusetts community. **A scholarship in the amount of \$1,000 will be awarded to one student pursuing a career in the medical profession.** They must demonstrate outstanding character, citizenship, and academics. This scholarship is in honor of Anna B. Trowbridge and Maria Whitfield.

Candidate must be accepted into an accredited medical certification, associates or bachelor's degree program.

Only high school seniors who reside in Fairhaven or children and grandchildren of club members are eligible for this award.

Please provide the following with your completed application:

- Copy of your high school transcript. This should include your cumulative GPA and class rank.
- Copy of your Standardized Achievement Test (SAT) scores.
- A 300+ word essay that illustrates how you have and will make a positive difference in the lives of others.
- Two letters of recommendation. They can be from a teacher, guidance counselor, coach, or other mentor.

Candidate Information:

Name: _____

Address: _____

Home Telephone: _____ Cell Phone: _____

Email: _____

Academics:

High School: _____ Cumulative GPA: _____ Class Rank: _____

Level of Academic Courses Studied (circle all that apply): College Prep Honors Advanced Placement

Academic Awards & Achievements (please list):

Extra-Curricular Activities:

Please list activities such as school sports, clubs, music programs, student leadership roles, youth groups, military prep organizations. Please specify which grade(s) you participated in the activity. (Example: Volleyball 9, 10,11,12 Class President 11,12 Orchestra 9,10,11,12):

College/University/Technical College Information:

Where have you applied? Please list below.

School: _____ Have you been accepted? _____

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School: _____ Have you been accepted? _____

What school do you plan on attending? _____

What are the annual costs for the school you will attend? Tuition \$ _____ Room & Board \$ _____ Other \$ _____

Have you already been awarded scholarships? Yes No If so, how much \$ _____

Will you receive other financial aid or grants? Yes No If so, how much \$ _____

Will your parents financially contribute to your education expenses? Yes No

What part-time or summer jobs have you had? _____

Family Information:

Parent/Legal Guardian: _____

Occupation: _____ Employer: _____

Estimated Annual Income (circle one): \$0-\$25,000 \$26,000-\$50,000 \$51,000-\$75,000 \$76,000-\$100,000 \$101,000+

Parent/Legal Guardian: _____

Occupation: _____ Employer: _____

Estimated Annual Income (circle one): \$0-\$25,000 \$26,000-\$50,000 \$51,000-\$75,000 \$76,000-\$100,000 \$101,000+

Please list the names and ages of family members who are financially dependent upon your parents. If they are currently enrolled in a college or university, please list the name of the school.

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Please note unusual financial hardships: _____

By signing this application, you certify that all provided information is, to the best of your knowledge, correct and complete.

Candidate Signature: _____ Date: _____

Application Deadline: April 15, 20 20

Please send your completed scholarship packet to:

Fairhaven Mother's Club Education Committee, 18 Nancy Street, Fairhaven, MA 02719