



*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 9, 2021

There will be one scholarship in the amount of \$500 awarded after the completion of the first semester 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

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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