

# 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):

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**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):

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**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? \_\_\_\_\_

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? \_\_\_\_\_

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**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, 2022**

Please send your completed scholarship packet to:

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