



## **EAST FAIRHAVEN IMPROVEMENT ASSOCIATION**

**PO BOX 710 – FAIRHAVEN, MA 02719**

Applicants must be residents of PRECINCT SIX, or a child/grandchild of an ACTIVE member of the East Fairhaven Improvement Association, and applying to or attending an institute of continued learning. (Child/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 10, 2024.

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 particular 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