

**LEICESTER BUSINESS ASSOCIATION
SCHOLARSHIP APPLICATION**

NAME: _____

ADDRESS: _____

PHONE: _____

FOR COMMITTEE USE ONLY – DO NOT WRITE BELOW

DATE RECEIVED: _____

NUMBER ASSIGNED BY SCHOLARSHIP COMMITTEE: _____

CHECKS WILL BE SENT TO WINNERS AFTER PROOF OF **SECOND SEMESTER** GRADES IS PRESENTED TO CLUB TREASURER

SEND TO:

LEICESTER BUSINESS ASSOCIATION
P.O. BOX 313
LEICESTER MA 01524

DEADLINE: APRIL 15

LEICESTER BUSINESS ASSOCIATION SCHOLARSHIP APPLICATION

SCHOLARSHIP APPLICATION ASSIGNED NUMBER: _____

SCHOOL YOU ARE NOW ATTENDING: _____

GRADE POINT AVERAGE: _____ CLASS RANK: _____

COLLEGE BOARD SCORES: SAT VERBAL: _____

SAT MATH: _____

LIST COLLEGES TO WHICH YOU HAVE APPLIED:

ACCEPTED:

INTENDED MAJOR: _____

ESTIMATED EXPENSES FOR THE ACADEMIC YEAR:

Tuition: _____

Room & Board: _____

Other Fees: _____

TOTAL: _____

EXTRA CURRICULAR ACTIVITIES – OFFICES HELD – YEARS INVOLVED, AWARDS AND HONORS RECEIVED DURING LAST FOUR YEARS – DESCRIBE WORK EXPERIENCE ...

(YOU MAY ATTACH A DATA SHEET)

ON A SEPARATE PAPER, LIST YOUR SHORT AND LONG TERM GOALS AS THEY RELATE TO YOUR EDUCATIONAL AND CAREER OBJECTIVES.