

JOSIAH WILLARD HAYDEN RECREATION CENTRE, INC. COLLEGE SCHOLARSHIP PROGRAM

24 Lincoln Street – Lexington, Massachusetts 02421

Application

(For Lexington, Massachusetts Residents Only)

You are urged to follow these directions *carefully* if you expect to have your application considered:

1. High school seniors and those who did not receive a scholarship last year must include a high school and/or college transcript and recommendations from teachers or guidance counselors.
2. Every query must be answered.
3. Make sure that all items on your budget are complete.

NAME _____ AGE _____
First Name Middle Name Last Name

ADDRESS _____

EMAIL _____ PHONE _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Are your parents separated or divorced? _____

List Names and Ages of Brothers and Sisters:

_____ Age _____
 _____ Age _____
 _____ Age _____
 _____ Age _____

Have you applied for scholarship assistance from any other institution or individual: Yes _____ No _____

If you have, list name, amount or status:

Name _____ Amount _____

Status: Approved _____ Pending _____ Rejected _____

College Status (next fall): Freshman _____ Sophomore _____ Junior _____
 Senior _____ Post Graduate _____ Other _____

If entering college as a Freshman, give name of college preference: _____

Have you been accepted? _____*

**This question must be answered in the affirmative before the application will be considered.*

REFERENCES

Give two personal references (not relatives or related by marriage), who are mature persons, householders, property owners, or business and professional men or women, of good standing in the community, who have known you well for several years, and who know of the financial circumstances of your family. One of them should be from Lexington. Your banker, your family physician, or a member of the high school or college faculty, *who knows you personally*, would be desirable references. In listing references, be sure to give first and middle names (or initials) as well as last name, i.e., "John A. Blank" or "J.A. Blank" and not "Mr. Blank."

Full Name – Please Print	Approx. Age	Address	Present or most recent occupation

BUDGET (for academic year starting this fall)

<i>Estimate Income</i>		<i>Estimated Expenditures</i>	
Savings from previous earnings	\$	Tuition	\$
Advances from parents	\$	Board <i>*(See note below)</i>	\$
Advances from friends	\$	Room <i>*(See note below)</i>	\$
Advances from other sources	\$	Books and materials	\$
Expected earnings during summer vacation (net)	\$	Health	\$
Expected earnings during school year	\$	Clothes	\$
Gifts or other income	\$	Personal expenditures	\$
Scholarships <i>** (see note below)</i>	\$	Incidentals (explain)	\$
		Insurance	\$
		Automobile maintenance	\$
		Travel	\$
		Commutation	\$
DEFICIT	\$	Recreation	\$
Total	\$	Total	\$

*Do not make an entry if you will live at home without charge.

**If you are awarded a scholarship after this application has been submitted, it should be reported promptly to our Scholarship Committee.

Use this space for notes you consider necessary to explain any item in your budget:

List your most recent academic records and extracurricular activities and any other information you consider pertinent to this application:

DECLARATION OF APPLICANT

I have read over my answers to the questions on this application blank and solemnly affirm the correctness of every statement made by me on said blank. I submit herewith my application for a Scholarship.

_____ (Date)

_____ (Signature)