

APPLICATION FOR  
WASHINGTON SCHOLARSHIP  
(Originated by the Washington P.T.A. in 1971)

Scholarship aid for students who reside in the Town of Washington, MA

NAME \_\_\_\_\_ Date \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

HOME PHONE# \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

PARENT OR GUARDIAN \_\_\_\_\_

PARENT'S E-MAIL ADDRESS \_\_\_\_\_

SECONDARY SCHOOL CURRENTLY ATTENDING \_\_\_\_\_

HOW MANY YEARS A RESIDENT OF THE TOWN OF WASHINGTON \_\_\_\_\_

PLANNING TO ATTEND \_\_\_\_\_

ACCEPTED? \_\_\_\_\_

PREPARING FOR A CAREER IN \_\_\_\_\_

APPROXIMATE COST FIRST YEAR \$ \_\_\_\_\_

ESTIMATED AMOUNT YOU NEED \$ \_\_\_\_\_

REMARKS:

Signed \_\_\_\_\_ (Student)

Signed \_\_\_\_\_ (Parent/Guardian)

PLEASE RETURN THIS APPLICATION BY MAY 1 TO:

The Washington Scholarship Committee, 387 Upper Valley Rd., Washington, MA 01223.