

PLYMOUTH COUNTY HIGHWAY ASSOCIATION, INC.

P. O. Box 22
Halifax MA 02338
FAX (781) 293-2964

2024 EDUCATIONAL AWARD APPLICATION

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER _____ HOW LONG AT PRESENT ADDRESS _____

AGE: _____ SPONSOR: _____

RELATIONSHIP TO SPONSOR: _____ SPONSOR A MEMBER SINCE: _____

PARENTS OR GUARDIAN: _____

ADDRESS: _____

TELEPHONE NUMBER _____ HOW LONG AT PRESENT ADDRESS: _____

COLLEGE ATTENDING: _____ EXPECTED DATE OF GRADUATION: _____

FIELD OF STUDY: _____

WILL STUDENT BE EMPLOYED WHILE ATTENDING SCHOOL: _____ AVE. HRS. PER WEEK: _____

ESTIMATED ANNUAL EXPENCES:

TUITION, FEES & BOOKS:-----\$ _____

LIVING EXPENCES:-----\$ _____

TRAVEL EXPENCES-----\$ _____

PLEASE ATTACH:

- 1. A brief statement explaining your reason for attending college, in 200 to 300 words.**
- 2. A statement from the educational institution last attended, which indicates class standing.**
- 3. A brief statement of need. The applicant is strongly encouraged to submit College Service (CSS) estimates, as a financial need statement.**
- 4. A letter of recommendation. The attached form should be completed by a teacher who has personal knowledge of the applicant.**

Mail Completed Applications To: Plymouth County Highway Association, Inc.
ATTN: Rose Campbell
P. O. Box 22
Halifax MA 02338

COMPLETED APPLICATION MUST BE RECEIVED BY FEBRUARY 1, 2023

Plymouth County Highway Association, Inc.

Scholarship Recommendation

DATE: _____

APPLICANTS NAME: _____

RECOMMENDATION COMPLETED BY: _____

TITLE: _____

ADDRESS: _____

PHONE: _____

COMMENTS: _____

COMPLETED APPLICATION MUST BE RECEIVED BY FEBRUARY 1, 2023