

MASSACHUSETTS HIGHWAY ASSOCIATION
TRUST FUND TRUSTEES
APPLICATION FORM FOR SCHOLARSHIP AID

Name: _____ Date: _____

Date of Birth _____ Social Security No.: _____

Marital Status: _____ Spouse Name: _____

Children: _____ Ages: _____

High School Attended: _____ Year Graduated: _____

H.S. Course of Study: _____ Class Standing: _____

Honors: _____ SAT Scores: _____

Brothers / sisters or children presently attending college:

Name: _____ Age: _____

College: _____

Name: _____ Age: _____

College: _____

Name: _____ Age: _____

College: _____

Do you currently work? _____ No. Hours per week. _____

Name of Job: _____

College presently attending/plan to attend: _____

Course of Study: _____ College Year Entering: _____

Class Standing: _____

Home Address: _____

Telephone: _____

Sponsor: _____ Relation to Applicant: _____

Along with the application, the applicant is required to submit a short essay (approximately 200 words) outlining his/her interests, goals, and achievements. Also, include a brief statement of need. A brief letter of recommendation from a teacher who has personal knowledge of the applicant is also advised.

Please submit this application to: **Massachusetts Highway Association
P.O. Box 41
Groveland MA 01834**