

TOWN OF GROTON

P.O. BOX 380 GROTON, MASSACHUSETTS 01450-0380 (978) 448-1103

Application Deadline

May 2, 2014

Town of Groton Scholarship Application

Applicant Information:		
Name:	Date of Birth:	
Address (Street):		
(Town):	Phone:	
Email Address	Name of your current school	
Name of Parents/Guardians:		
Address (Street):		
(Town):		
Educational Plans:		
What college or university are you plan	nning to attend?	
This is a One Two Three	Four Five year program.	
What is your intended major area of str	udy?	
What is the anticipated cost <u>per year</u> ?	Tuition:	
	Room & Board:	
	Books, Activity & Lab Fees, Miscellaneous	Expenses:
	Will you be applying for financial aid?	
	How many family members will be in colleg	ge in 2014-2015?
	Expected family contribution:	
	at you feel best represent you as The Scholarship Committee we involvement in community service, extra-curricular school acpresentations, please)	
The scholarship committee will not be 1A character reference 2Scholastic transcript 3List of community service 4A short paragraph describi		ion is provided:
	courses taken, grades and credits received, rank in class, a scholarship application from the Guidance Office of the ap	
Student Signature:	Parent/Guardian Signature	Date:
Please send all applications to:	Groton Scholarship Committee Groton Town Hall, 173 Main Street, Groton, MA 01450-0380	

Attn: Robinson Moore, Chairman