

Brewster Memorial Scholarship Fund

c/o The Brewster Historical Society PO Box 1146 Brewster, MA 02653

508-896-9521 • brewsterscholarship@gmail.com

Name:		Date:			
	ess:				
Emai	1:				
		Phone home:			
High	School:	Unwe	Unweighted High School GPA:		
	ge (Present):				
	GPA:				
Father or Guardian		Mother or Guardian			
Nan	ne:	Name:			
	upation:				
	ployer:				
	ome:				
Comb	oined Parental Income: \$ Siblings	Age	Current Education	-	
Name	e:				
Name	e:				
Name	e:				
1. What is the expected cost for this year?				\$	
2.	How much money have you generated	expenses?	\$		
3.					
4.	4. How much have you been awarded in scholarships?				
5.	J. T.			\$ \$	
6. Describe your work experience for the previous three years:					
7	Approximately how much income hav	ve vou gener	rated? \$		
2. Describe any school or community related activities you are consciolly				1 of (O o	

- 8. Describe any school or community related activities you are especially proud of. (On a separate sheet.)
- 9. Attach a copy of your high school transcript to this application.
- $10. Attach \ college \ transcript \ for \ previous \ year.$

Most importantly: Please attach a letter expressing your goals, accomplishments, financial needs and anything else you might consider important. Send application with attached information in either of these 2 ways:

- 1. Email (PDF) to brewsterscholarship@gmail.com
- 2. Mail application to address above.

Applications must be received by July 30.