



“Founders’ Scholarship” Application

Deadline for Filing is April 30, 2021

Application pertains to students attending an accredited two-year or four-year college. Financial award will be paid to the (two) winning candidates upon notification.

Student Information	
Full Name:	Email address:
Home Address:	Phone #
Father:	Occupation:
Mother:	Occupation:
Family members attending college next year (number only):	
Expected college expenses	
Tuition: \$	Room and Board: \$
Books and Lab Fees: \$	Transportation: \$
	Total Expenses: \$

Family Gross Income Level	Check appropriate
Below \$50,000	<input type="checkbox"/>
\$50 - \$100K	<input type="checkbox"/>
\$100K - \$150K	<input type="checkbox"/>
\$150K - \$200K	<input type="checkbox"/>
\$200 - \$300K	<input type="checkbox"/>
\$300K +	<input type="checkbox"/>

Have you worked while attending High School? Yes No

Company Name	Job Description

Explain the type of work experiences:

Please list activities that you have been involved with during High School:

Please note: The level refers to the type of activity, was it school sponsored, recreation/AAU/Club/Other Freshman/JV/Varsity – Please denote any special distinctions - Captain, MVP, League All Star.

		Frosh	Soph	Junior	Senior
FALL	Activity				
	Level				
	Distinctions				
WINTER	Activity				
	Level				
	Distinctions				
SPRING	Activity				
	Level				
	Distinctions				
SUMMER	Activity				
	Level				
	Distinctions				

National Honor Society member? Yes No

Student Council member? Yes No

Please list other scholarships or financial assistance you are receiving including specific dollar amounts:

Name	Amount

Please list any additional factor(s) or financial considerations that will assist the WASA Scholarship Committee in weighing your situation to determine your qualification for this scholarship assistance. Please include all community service work and projects.

**** Please remember to include a copy of your current Senior term grades. Your application will not be considered without it. Full transcript required.**

Applicant's signature		Date
Father/Guardian signature		Date
Mother/Guardian signature		Date

BE ASSURED THAT ALL THE ABOVE INFORMATION IS STRICTLY CONFIDENTIAL

Please return to:

Westborough Athletic and Social Association

P.O. Box 165

Westborough, MA 01581

Attn: Scholarship Committee