

EXPOSITION AREA ALUMNI SCHOLARSHIP FUND, INC.

APPLICATION FOR SCHOLARSHIP

Deadline April 1

To be eligible for this scholarship, the applicants, their parents or their grandparents must have been born or resided in the Exposition Area of West Springfield, Mass. [**See attached map.**] In order to be considered, applications must be **postmarked by April 1**, filled out completely and accompanied by a transcript from the student's most recent school.

Name _____ Date of Birth _____

Phone/s _____

Street Address _____

City _____ State _____ Zip _____

Email _____

Father's Name _____ Age _____

Employer _____

Mother's Name _____ Age _____

Employer _____

Number in Family _____ Number Employed _____ Number of siblings attending college next year (not yourself) _____

Gross Family Income (check one): Below \$30,000 _____ Above \$30,000 _____ Above \$60,000 _____

Above \$90,000 _____ Above \$120,000 _____

ELIGIBILITY: Parent, Grandparent, great-grandparent or applicant (circle one) must have been born or resided in Exposition Area. If parent, grandparent or great-grandparent, list his or her name at the time they resided in the Area.

Name of relative: _____

Street address of residence in Exposition Area: _____

Number of years residing in Area _____ Approx. dates of residence _____

What college are you planning to attend or are you attending?

Have you been accepted there? _____ Are you currently attending? _____ What year will you graduate? _____

What will be (or is) your major area of study?

College board (SAT) scores: Reading _____ Math _____ Writing _____

What will it cost you to attend college? Tuition & Fees _____ Room & Board _____

Other _____ How do you expect to finance your education?

List other scholarships received and amounts:

Are you faced with any hardships? _____ If yes, please explain:

Give a brief statement of your employment history:

What school are you currently attending? _____

Organizations/activities in which you have participated. If you need additional space to provide this or any other information required on this application, please attach additional documentation as required.

Give names, addresses and phone numbers of three personal references (not relatives or faculty):

1. _____
2. _____
3. _____

Signature: _____

Date: _____

Return completed application to:
Exposition Area Alumni Scholarship Fund
P.O. Box 124, West Springfield, MA 01090

EASF Eligibility Map

Students must either live in the area depicted below, or have a family member that lived here at some time in the past to be eligible for the Exposition Alumni Area Scholarship.

