

*ATHOL HIGH SCHOOL SCHOLARSHIP ASSOCIATION
APPLICATION FORM – A.H.S. ALUMNI*

**RETURN THIS COMPLETED APPLICATION WITH A TRANSCRIPT TO
CYNTHIA HUGHES, AHS GUIDANCE, 2363 MAIN STREET, ATHOL MA 01331
BY APRIL 15th.**

Name: _____
(First - No nicknames, please) (M.I.) (Last) Phone #

E-Mail Address: _____

Mailing Address: _____
Number and Street – or P.O. Box City State Zip Code

Field of Study: _____ Student ID # _____

Name of college you will attend next year: _____

Address of the college: _____
(Address of the business office at the college) City State Zip Code

Number of years you will attend: 2 ___ 4 ___ other ___ Year of college graduation: _____

ESTIMATED YEARLY EXPENSES (COLLEGE COSTS) \$ _____
(INCLUDE: tuition, fees, room, board, books, supplies,
transportation and personal expenses)

- Year you graduated from Athol High School _____
- If different from above, name as listed on your A.H.S. diploma _____

Scholarships will be awarded to students that are enrolled in undergraduate degree programs. To qualify as a full-time student you must earn a minimum of 12 credits per semester students earning less than 12 credits but a minimum of 9 will receive prorated awards. Graduate level programs are not eligible for this financial aid.

***INCOMPLETE APPLICATIONS OR APPLICATIONS WITHOUT A TRANSCRIPT
WILL NOT RECEIVE CONSIDERATION!***

On a separate sheet of paper, please write a brief description of your career plans and reasons for your need of scholarship assistance. Indicate any circumstances that present an unusual hardship to your ability to meet college or school expenses.

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