

MAIW, INC., BERKSHIRE CHAPTER

CAROLYN T. SACCO MEMORIAL SCHOLARSHIP APPLICATION

Open to high school seniors graduating from a public, private, or parochial high school in Berkshire County and planning to attend college and major in the fields of Business, Economics, or Insurance.

RETURN COMPLETED FORM TO YOUR PRINCIPAL OR GUIDANCE COUNSELOR BY MAY 1

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ TELEPHONE: _____

HIGH SCHOOLS AND DATES ATTENDED: _____

SCHOOL HONORS AND AWARDS: _____

SCHOOL ACTIVITIES: _____

ACTIVITIES OUTSIDE OF SCHOOL, HOBBIES: _____

WORK EXPERIENCE DURING HIGH SCHOOL AND SUMMERS: _____

CAREER PLANS: _____

COLLEGES APPLIED TO (ORDER OF PREFERENCE, IF ANY): _____

AT WHAT COLLEGES HAVE YOU BEEN ACCEPTED: _____

WHAT OTHER SCHOLARSHIP AID HAVE YOU APPLIED FOR OR RECEIVED: _____

FATHER'S OR GUARDIAN'S NAME AND ADDRESS: _____

EMPLOYER AND JOB TITLE: _____

MOTHER'S OR GUARDIAN'S NAME AND ADDRESS: _____

EMPLOYER AND JOB TITLE: _____

LIST SIBLINGS WITH AGES AND INDICATE IF PRESENTLY ATTENDING COLLEGE:

INDICATE IF FAMILY HAS UNUSUAL MEDICAL, DEPENDENT OR OTHER EXPENSES:

The information give in this application is complete and correct to the best of our knowledge. We understand that the award, if granted, shall be withdrawn if the applicant elects not to attend an accredited college, junior college, university, or other school of higher education.

Signature of Student

Date

Signature of Parent or Guardian

Date

APPLICANT: _____ GRADUATION DATE: _____

STUDENT RANK: _____ IN CLASS OF: _____ SCHOLASTIC AVERAGE: _____

COLLEGE BOARD/SAT SCORES: _____

ADDITIONAL INFORMATION WHICH YOU BELIEVE WHILL HELP THE COMMITTEE TO EVALUATE STUDENT'S APPLICATION:

Signature of School Official

Date