

# Westborough Athletic and Social Association Returning Sophomore Scholarship Application

**Deadline for Filing is July 31'st, 2016**

Application pertains to students entering into the **second year** of an accredited two or four year college. Please Print or Type the information / data

Student's Name \_\_\_\_\_ M / F Date \_\_\_\_\_

Address : \_\_\_\_\_ Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Brothers and Sisters attending college : ( Number only ) : \_\_\_\_\_

Estimated Expense for the coming school year:

Tuition : \_\_\_\_\_ Room and Board : \_\_\_\_\_

Books and Lab Fees \_\_\_\_\_ Transportation : \_\_\_\_\_

**Total Expenses :** \_\_\_\_\_

Have you worked part time ? Yes / No

Where: \_\_\_\_\_

Explain the type of work experiences:

\_\_\_\_\_

\_\_\_\_\_

Have you participated in sports in High School or College? Yes / No

List High School Sports activities;

\_\_\_\_\_

List College Sports activities

\_\_\_\_\_

Please list other scholarships or financial assistance you are receiving at this time:

(Please include specific dollar amounts):

Please list any pertinent factor(s) that will assist the WASA Scholarship Committee in making its decision as to why you need this scholarship assistance. Please include all community service work and projects.

Please include a **copy of present grades / marks from the college** you attended as a Freshman, if possible.

Applicants signature : \_\_\_\_\_

Father's signature : \_\_\_\_\_

Mother's signature : \_\_\_\_\_

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

or

Westborough High School c/o Guidance Dept.

90 West Main St., Westborough , MA. 01581

Attn : Scholarships

on or before July 31'st