

**MASSACHUSETTS HIGHWAY ASSOCIATION
TRUST FUND TRUSTEES
2017 APPLICATION FORM FOR SCHOLARSHIP AID**

Name: _____ Date: _____

Date of Birth: _____

Children: _____ Ages: _____

High School Attended: _____ Year Graduated: _____

H.S. Course of Study: _____ Class Standing: _____

Honors: _____ SAT Scores: _____

Brothers / sisters or children presently attending college:

Name: _____ Age: _____

College: _____

Name: _____ Age: _____

College: _____

Do you currently work? _____ No. Hours per week: _____

Place of Employment / Position: _____

College presently attending / plan to attend: _____

Course of Study: _____ Year Entering: _____

Class Standing and/or GPA: _____

Home Address: _____

Telephone: _____

Sponsor: _____ Relationship: _____

Sponsor's Employer and Position: _____

Along with the application, the applicant is required to submit a short essay (approximately 200 words) outlining his/her interests, goals, and achievements. Also, include a brief statement of need. A brief letter of recommendation from a teacher who has personal knowledge of the applicant is also required.

**Please submit this application to: Massachusetts Highway Association
P.O. Box 2004
Danvers MA 01923**

Must be received by March 3, 2017