

**MASSACHUSETTS HIGHWAY ASSOCIATION  
TRUST FUND TRUSTEES  
2019 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 2, 2019**