MASSACHUSETTS HIGHWAY ASSOCIATION TRUST FUND TRUSTEES

2021 APPLICATION FORM FOR UNDERGRADUATE SCHOLARSHIP AID

Applicant Name:					
Home address:					
SPONSOR:	Name:				
	Place of Work & Position:				
APPLICANT:					
High School Attended:				Year Graduated:	
College Attending:				College Year Entering:	
College Major:	-				
Do you currently work?				# of Hours Per Week	
Place of Employn	nent / Pos	sition:			
Do you expect to receive other scholarships, aid, or grants during the upcoming school year?					
	YES	NO	If yes, describ	pe source and amounts in your st	atement of need.
Brothers / sister	s or child	dren presently attend	ling college:		
Name:				College:	
Name:				College:	
APPLICATION CHECK LIST: (each of the items listed below must be included with your application) Written Essay of Interest: Approx. 200 words outlining your goals, interests, & acheivements. Brief statement of economic need. Letter of reccomendation from a teacher with personal knowledge of your acheivements.					
Applicant Signature:		Date:			
Scholarship award winners will be required to show proof of full time enrollment prior to receiving the award.					
Places submit this application to: Massachusetts Highway Association					

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P.O. Box 2004 Danvers MA 01923

Must be post marked by March 5, 2021, no emailed applications will be accepted.