

# SCHOLARSHIP APPLICATION



All questions must be answered completely. All additional information requested must be submitted with this application, by the deadline date of **April 15**, in order to be considered. Print legibly or type all information. Questions should be directed to Nimrod League of Holden at 978-464-3300. Thank you.

## I. Student Information

To be completed by student

A. Students Name: \_\_\_\_\_  
First Middle last  
Tel: (\_\_\_\_) \_\_\_\_\_

B. Home Address: \_\_\_\_\_  
No. Street  
Mailing if different from Home

C. City \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_

D. What activities are you involved with in school and in your community? Please list them below. Use additional sheet of paper if necessary.

School: \_\_\_\_\_

Community \_\_\_\_\_

E. List the names, ages, and schools currently attended by brothers and sisters currently living at home.

Name	Age	School Currently Attending	Yr Graduating

F. List below the colleges/universities to which you have applied, their estimated costs per year (including tuition, room and board, books, supplies, travel), and your desired major.

Name of School	Estimated Total Cost	Desired Major

G. On a separate sheet of paper, write a statement on why you think you deserve to be a Nimrod League of Holden Scholarship Winner. It must be attached to this application to be considered.

## 2. Nimrod League of Holden Affiliation Information

Please indicate your Nimrod League of Holden affiliation name, if any.

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## 3. School Information

A. Please provide the following to complete the application.

1. Class Rank of applicant \_\_\_\_\_
2. An official transcript of applicant's grades
3. Letter(s) of recommendation

**NIMROD LEAGUE OF HOLDEN  
BOX 254  
HOLDEN, MASS 01520**

- The award is in the amount of \$500 ..
  - This application must be received by the Nimrod League of Holden no later than \_\_\_\_\_
  - All applications must be sent my MAIL.
- This application and awarding of this scholarship is not limited to one (1) year. Repeat applications will be considered.

**Important Notes:**

F. Telephone: \_\_\_\_\_

E. City, State, Zip: \_\_\_\_\_

D. Address: \_\_\_\_\_

C. Name of School currently attending \_\_\_\_\_

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B. Name and Title of Applicant's Guidance Counselor or Principal (please print)