



## **Scholarship Application**

This scholarship is for the purpose of providing financial Help to a deserving member for further education.

### Eligibility

Must be a member, son, daughter or grandchild of a current member in good standing of the Association of New England Ox Teamster. (This will be your sponsor.)

Must be in the first year of college or technical school or beyond.

Must be accepted at an accredited school or training program.

### Scholarship Application Rules

The committee will consist of the current officers and an appointed chairman. The chairman could pick up to three (3) addition members for a total of no more than seven (7) on the committee.

Applicants who have received money may apply again.

Money will be awarded at the start of the second semester.

Committee will decide if money should go to one or more applicants.

Decisions of the committee are final.

Winning applicants are asked to request monies at the appropriate time, from the treasurer.

Please complete this form as completely as possible and return your application by September 15 to any officer on the committee.

# Association of New England Ox Teamsters Scholarship Application

Date \_\_\_\_\_

Name: \_\_\_\_\_  
Last, First, Middle Initial

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Name of Parents or legal Guardian  
\_\_\_\_\_

Address (if different than above)  
\_\_\_\_\_

Relationship of ANEOT Member /Sponsor:  
\_\_\_\_\_

Name of College/School at which you have been accepted:  
\_\_\_\_\_

Mailing address of College/School:  
\_\_\_\_\_

Total Anticipated actual annual cost:  
\_\_\_\_\_

List Sources and amounts of other financial scholarship aid being received:  
\_\_\_\_\_

Grade Average nine thru twelve (9-12): \_\_\_\_\_

List subjects taken in grades eleven and twelve:  
\_\_\_\_\_

If you are already in higher education, list course names and grades received:  
\_\_\_\_\_

List all clubs and organizations, school and civic, in which you have been active in Grades 9-12, state positions held, and average hours spent in each per month:

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Do you have any unusual or financial need that we should consider?

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please explain:

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Applicant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_