



Community Brotherhood And Auxiliary Scholarship Fund, Inc.

17 Thistle Street
Lynn, Massachusetts 01905
(781) 593 - 8714

Scholarship Application

For: Brotherhood & Auxiliary Annual Scholarship Award
Mary Perry Memorial Scholarship Award
Evan B. Flamer Memorial Scholarship Award
Bernice & Patricia Robertson Memorial Scholarship Award
Vincent F. Jarvis Memorial Scholarship Award
Earnest & Geraldine Green Memorial Scholarship Award
Virginia Barton Annual Scholar Award
Louise V. Gaines Annual Scholarship Award

INSTRUCTIONS

In order that students may be considered for the Community Brotherhood and Auxiliary Scholarship Fund, Inc.'s Awards and other Scholarship Awards listed above, the following documents must be submitted in addition to the application:

- 1.) A completed **CERTIFIED** transcript of high school grades
- 2.) An acceptance letter from the college you plan to attend.
- 3.) A one (1) page sheet explaining why you feel you should be Considered for a scholarship.
- 4.) Two (2) letters of Reference.
- 5.) A senior class individual photo.

It is your responsibility to make sure that the information requested above is submitted to the Scholarship Committee no later than Friday April 6, 2018

MAIL TO:

**Community Brotherhood & Auxiliary
Scholarship Committee
% Roy Rhodes
92 Williams Avenue
Lynn, MA 01902**

COMMUNITY BROTHERHOOD OF LYNN, INC AND AUXILIARY

SCHOLARSHIP APPLICATION
(PLEASE PRINT)

Name: _____ Phone: _____
(First) (Last) E-Mail _____
Address: _____ City _____ Zip _____
Date of Birth ____ / ____ / ____
Father's Name _____ Occupation _____
Place of Employment _____ How Long _____
Mother's Name _____ Occupation _____
(Maiden Name) _____ Place of Employment _____

List Brothers and Sisters Living at home Age School or Employment

(Use back if more space is needed)

Education: ** Please enclose transcript and two references with application

School Name: _____ City/Town _____
Jr. High _____
Sr. High _____
Honors Received _____ Grade _____

Extra-Curricular Activities:

List Community Service and/or Volunteer Work (i.e., hours per week; length of times and duties)

Work Experience:

Employer _____ Job Responsibilities _____

Colleges Applied to: (check if accepted and attach acceptance letter)

_____ () _____ ()
_____ () _____ ()

Intended Field of Study: _____

Please identify other resources: (such as, State Scholarships, Athletic Scholarships, BEOG, NDSL, etc.) _____ \$ _____
_____ \$ _____

Career Plans: _____

Signature: _____ Date: _____