

**SCHOLARSHIP COMMITTEE**  
**ESSEX COUNTY LEAGUE OF SPORTSMEN'S CLUBS, INC.**  
**P.O. BOX 102**  
**HATHORNE, MA 01937**  
**ANNUAL SCHOLARSHIP AWARD**

**Instructions** When this application is completed mail this form to the address above. Please print firmly and legibly. The award is to be made at the discretion of the committee with consideration to the wishes of the recipient. Candidates must indicate notice of acceptance and commitment to attend designated school/college. The student will be notified as soon as award is made and announcement sent for Graduation Exercises.

**Eligibility** Must be a graduate of a secondary school or equivalent and a Massachusetts resident. Must be determined to pursue post secondary studies at an accredited school/college in any of the following fields: Game Biology; Game Management; Fish Biology and Fish Culture Management and Propagation, either in land or marine waters; Forestry Management and Culture; Conservation of forests and Land; Environmental Law Enforcement; and other areas of interest to the Sportsman.

**APPLICATION**

STUDENT \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE ZIP \_\_\_\_\_

SCHOOL TO WHICH SCHOLARSHIP IS REQUESTED \_\_\_\_\_

WHAT COURSE OF STUDY WILL YOU PURSUE? \_\_\_\_\_

WHAT DEGREE/CERTIFICATE DO YOU SEEK? \_\_\_\_\_

Applicant must have recommendation of school principal or professor, one teacher and a recent employer as to seriousness of purpose, character, initiative and work incentives. Please enclose these with this application. Please arrange to have your last three (3) years academic transcripts sent to this committee.

EMPLOYMENT IN PAST THREE YEARS (include employer, positions and dates)

\_\_\_\_\_  
\_\_\_\_\_

List interests, activities, special talents, awards, offices held, etc., in or out of school, which you believe have contributed to your own development. (Where appropriate, use the figures 1, 2, 3, 4, to indicate freshman, sophomore, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Please use the following space or additional pages to make a statement of your aspirations and to give any information regarding yourself or plans, that you think, will help the Committee evaluate your application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please include your view of the Sportsmen's role towards environmental enhancement.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL DATA**

Name of father, stepfather or male guardian \_\_\_\_\_

Occupation, where employed \_\_\_\_\_

Name of mother, stepmother or female guardian \_\_\_\_\_

Occupation, where employed \_\_\_\_\_

Siblings—name, age, name of school/college \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain any unusual expenses in the past or anticipated in the near future which will affect your ability to continue your education.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

We have checked this form for omissions and errors. To the best of our knowledge the information reported is complete and correct.

Date \_\_\_\_\_

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

Parent/Guardian Signature \_\_\_\_\_

**SCHOLARSHIPS ARE AWARDED IN THE LAST WEEK OF MAY AND THE APPLICATION MUST BE POST MARKED ON OR BEFORE THE THIRD FRIDAY OF MARCH.**

**YOU ARE ENCOURAGED TO SUBMIT ANY ADDITIONAL INFORMATION THAT MAY BE HELPFUL TO THE COMMITTEE IN MAKING ITS DECISION.**

Candidates may anticipate an interview with the Scholarship Committee

Additional applications may be printed from: <http://essexcountyleague.org/sportsmens/images/stories/documents/Scholarship-Application.pdf>