

## 11 Hopkins St., Fairhaven, MA 02719

"Continually Supporting Youth in Sports"

## 2024 SCHOLARSHIP APPLICATION

Name:	Financial Information			
Address:		Number of dependents living home		
City/Town	or attending college			
State Zip		Family income (check one)		
		20,000.00 to 40,000.00		
Father's Name		41,000.00 to 60,000.00		
Mother's Name		61,000.00 to 80,000.00		
Legal Guardian		81,000.00 to 100,000.00		
College you plan to attend	Accept	ed Ab	oove _	
Address				
City/TownStateZip	No. 10 Company			
Are you related to in any way to a member of th	e Thomas Live	esey Memorial Clul	o (YES) (NO)	
If Yes, Name	Relationship			

## To the applicant:

Our decision is based on a point system given to each of the application. All information above must be answered to the best of your ability, or points won't be awarded. Submit: Transcript of grades, SAT Scores, Class ranking, At least one letter of recommendation from teacher or coach, a short essay explaining your future plans and a list of School Extra Curricular Activities & Awards. Payment of the Scholarship will be made only after the First Semester has been successfully completed and a copy of the applicant's grade has been forwarded to the Livesey Club.

Send Applications to the Livesey Club 11 Hopkins St., Fairhaven, MA 02719 ALL APPLICATIONS MUST BE POSTMARKED BY MAY  $10^{\text{TH}}$  OF CURRENT YEAR TO QUALIFY.

- 1. All seniors attending Fairhaven High School.
- 2. All seniors Fairhaven residents attending Private, Vocational or Agricultural High Schools.
- 3. All Children & Grandchildren of Livesey Club members in good standing, who are seniors.