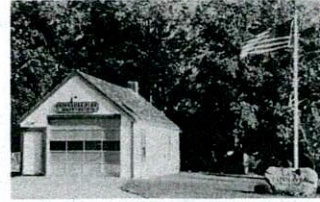


East Fairhaven Improvement Association
Scholarship Application



P.O Box 710
Fairhaven, MA 02719

Applicants must be residents of PRECINCT 6, or a child/grandchild of an ACTIVE member of the East Fairhaven Improvement Association, and apply to, or attending an institute of continued learning.
(Child/Grandchild need not be a Fairhaven resident.)

Applicants must complete the attached application and return it to the East Fairhaven Improvement Association- Scholarship Committee at the address above no later than April. 11, 2025

There will be one scholarship in the amount of \$500.00 awarded after the completion of the first semester to the most qualified applicant base on the above criteria, as well as the following:

Presentation of application

Financial Need

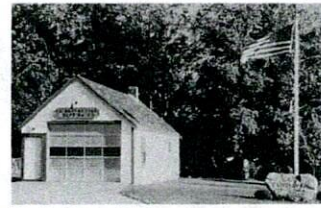
Community Service

Academic Performance

(Not listed in any particular order)

All applicants must comply with the stated criteria, membership included.

East Fairhaven Improvement Association Scholarship Application



P.O. Box 710
Fairhaven, MA 02719

Personal Information

Full Name:

Address:

Telephone:

High School:

Aptitude Test
Scores (SAT):

Verbal:

Math:

School
Activities:

High School Students- Complete this section

Honors/
Awards:

Planned area of
study (Major):

School(s) to which you've been
accepted/ applied for acceptance:

College Students- Complete this section

Name of
School:

GPA:

Major:

Year Attending:

School Activities/Areas of Special
interest/Talents/Community Work:

Please attach a brief paragraph of your educational goals

All Applicants:

I certify that all information is accurate and truthful to the best of my knowledge

Signature

Date