

# Fairhaven Mother's Club Trowbridge-Whitfield Scholarship Application

Founded in 1915, the Fairhaven Mother's Club has worked for over 100 years promoting the education, health, and welfare of children and families in Fairhaven and communities throughout Southcoast Massachusetts. A scholarship in the amount of \$1,000 will be awarded to one college bound senior ***pursuing a career in the medical profession***. They must demonstrate outstanding character, citizenship, and academics. This scholarship is in honor of Anna B. Trowbridge and Maria Whitfield. Candidates are required to be a Fairhaven resident or be the child or grandchild of a club member. They also must be accepted into one of the following, an accredited medical certification program, Associates or Bachelors Degree program in the medical field.

Please provide the following with your completed application:

- ❖ Copy of School Transcripts. They should include your cumulative GPA and class rank.
- ❖ Copy of Standardized Achievement Test scores.
- ❖ A 300+ word essay that illustrates how you have and will make a positive difference in the lives of others.
- ❖ Two letters of recommendation from teacher, guidance counselor, coach, or other mentor.

## Candidate Information

Name:

---

Address:

---

Contact Number:

---

E-mail:

---

## Academics

High School:

---

GPA:

Class Rank:

---

Level of courses studied (circle all that apply): College Prep / Honors / Advanced Placement

Academic Awards & Achievements:

---

---

---

**Extracurricular Activities**

Please list activities such as school sports, clubs, music programs, student leadership roles, youth groups, military prep organizations, community service, etc. Specify grade(s) which you participated in the activities. (Example: Volleyball 9,10,11,12 Class President 11,12):

---

---

---

---

---

---

---

**College/University/Technical College Information**

Where have you applied?

School:	Have you been accepted?
_____	_____
School:	Have you been accepted?
_____	_____
School:	Have you been accepted?
_____	_____
School:	Have you been accepted?
_____	_____

What school do you plan on attending?

---

What are the annual costs for the school you will attend?

Tuition:\$	Room & Board: \$
_____	_____

Have you already been awarded scholarships?	YES	NO	If so, how much? \$
_____	_____	_____	_____

Will you receive any other financial aid or grants?	YES	NO	If so, how much? \$
_____	_____	_____	_____

Will your parents contribute to your education expenses?	YES	NO
_____	_____	_____

What part-time or summer jobs have you had?

---

**Family Information**

Parent / Legal Guardian:

\_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Estimated Annual Income (circle one):  
\$0-\$25,000    \$26,000-\$50,000    \$51,000-\$75,000    \$76,000-\$100,000    \$100,000+

Parent / Legal Guardian:

\_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Estimated Annual Income (circle one):  
\$0-\$25,000    \$26,000-\$50,000    \$51,000-\$75,000    \$76,000-\$100,000    \$100,000+

Please list names and ages of household members who are financially dependent upon your parent(s) / legal guardian(s). If they are currently enrolled in college, university or technical college, please list the name of the school.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Please note unusual financial hardships:

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

By signing this application you certify that all information provided is to the best of your knowledge, correct and complete.

**Candidate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPLICATION DEADLINE: April 5, 2025**  
**Please mail completed application packet to:**  
**Cherri Johnson 40 Whisper Lane Fairhaven, MA 02719**  
**Or Email to [alissaborges44@gmail.com](mailto:alissaborges44@gmail.com)**