

**SCHOLARSHIP APPLICATION**  
**CARON & KRAUSE FAMILY MEMORIAL SCHOLARSHIP**

**SHREWSBURY, MASSACHUSETTS 01545**

Name				Date of Birth	
Address				Home Phone	
Father's Name			Employer		
Father's Address			Occupation		
Mother's Name			Employer		
Mother's Address			Occupation		
Names of Brothers/Sisters in School	Age	Name of School	Boarding or Commuting	Approx. Yearly Cost (Tuition, Room & Board)	Year will Graduate
Colleges to which you have applied	2 or 4 years	Will you Board or Commute?	Approx. Yearly Cost (Tuition, Room & Board)		Accepted
Work Experience (List in Reverse Chronological Order with Present Job First)					
Employer:		Type of Work:		Starting and Ending Dates:	
Extracurricular Activities at School, in the Community (List Offices Held, Awards, Honors etc...): acceptable to use sheet from Guidance.					
<b>INFORMATION BELOW TO BE COMPLETED BY SCHOOL ADMINISTRATION</b>					
					Please attach a copy of this student's transcript
<b>MATH</b>	<b>VERBAL</b>	<b>CLASS RANK</b>	<b>MONTH WILL GRADUATE</b>		

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**SCHOLARSHIP FINANCIAL FORM**

Since this scholarship is awarded based on financial need as well as other factors, please indicate below how you anticipate meeting the ever-increasing costs of attending college for the first year.

<b><u>Anticipated Source of Funds</u></b>	<b><u>Anticipated Amounts</u></b>
1. Savings towards College	_____
2. Other Scholarships	_____
3. Other Sources (Please describe)	_____
<b>TOTAL FUNDS AVAILABLE</b>	_____

Please make any further comments you wish regarding your financial need as it related to the first year or the following years:

**APPLICANT'S NAME** \_\_\_\_\_

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SCHOLARSHIP RECOMMENDATION FORM

Name of Applicant \_\_\_\_\_

Reference Requested From \_\_\_\_\_

Occupation \_\_\_\_\_

In comparison with other students whom you have known at comparable stages of their careers, how would you rate this applicant in the following areas?

**Use a numbered scale from 1 to 10 with 1 being the highest rating.**

- |   |  |
|---|--|
| <input type="checkbox"/> Leadership             | <input type="checkbox"/> Adaptability        |
| <input type="checkbox"/> Initiative             | <input type="checkbox"/> Maturity            |
| <input type="checkbox"/> Seriousness of purpose | <input type="checkbox"/> Emotional Stability |
| <input type="checkbox"/> Enthusiasm             |  |

Please explain your association with the applicant and briefly describe why you feel she or he is deserving of the Caron & Krause Family Memorial Scholarship.

Thank you.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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Leadership

Adaptability

Initiative

Maturity

Seriousness of purpose

Emotional Stability

Enthusiasm

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