**Text

Description automatically generated**

**Returning College Sophomore Application**

**Deadline for Filing is July 31, 2024**

Application pertains to students entering into the second year of an accredited two or four year college. Please Print or Type the information / data

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

|  |  |
| --- | --- |
| **Student Information** | |
| Full Name: | Email address: |
| Home Address: | Phone # |
| Father: | Occupation: |
| Mother: | Occupation: |
| Family members attending college next year  (number only): |  |
| **Expected college expenses** | |
| Tuition: $ | Room and Board: $ |
| Books and Lab Fees: $ | Transportation: $ |
|  | Total Expenses: $ |

|  |  |
| --- | --- |
| **Family Gross Income Level** | **Check appropriate** |
| Below $50,000 |  |
| $50 - $100K |  |
| $100K - $150K |  |
| $150K - $200K |  |
| $200 - $300K |  |
| $300K + |  |

Have you worked while attending college? Yes  No

If yes please explain type of work experiences:

|  |  |
| --- | --- |
| **Company Name** | **Job Description** |
|  |  |
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Please list other scholarships or financial assistance you are receiving including specific dollar amounts:

|  |  |
| --- | --- |
| **Name** | **Amount** |
|  |  |
|  |  |
|  |  |

Please list any additional factor(s) or financial considerations that will assist the WASA Scholarship Committee in weighing your situation to determine your qualification for this scholarship assistance. Please include all community service work and projects.

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**\*\* Please include a copy of present grades / marks from the college you attended as a Freshman**

Have you participated in sports in High School or College? Yes  No

List High School Sports activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List College Sports activities:

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

|  |  |  |
| --- | --- | --- |
| Applicant’s signature |  | Date |
| Father/Guardian signature |  | Date |
| Mother/Guardian signature |  | Date |

**BE ASSURED THAT ALL THE ABOVE INFORMATION IS STRICTLY CONFIDENTIAL**

Please return to:

Westborough Athletic and Social Association

P.O. Box 165

Westborough, MA 01581

Attn: Scholarship Committee