



(978) 423-6694 • secretary@nevbga.org

Scholarship Application

Name: _____
(Last) (First) (Middle)

Address: _____

Town/City, State, Zip: _____

Parent or Guardian: _____

Number of brothers and sisters: _____

Number of brothers and sisters attending college next year: _____

To what schools have you applied, been accepted or are attending: _____

What program or major do you intend to pursue? _____

Please list your extra-curricular activities: _____

Why do you feel you need a scholarship? (Attach another page if you wish)
