

**DOUGLAS HIGH SCHOOL  
2020  
SCHOLARSHIP PACKET**

**PACKETS DUE BACK TO GUIDANCE OFFICE  
ON/BEFORE  
BUT NO LATER THAN**

**MONDAY  
APRIL 13, 2020**

Douglas High School, in order to remain in compliance with Federal affirmative action guidelines, follows nondiscriminatory practices based on race, color, gender identity, disability, religion, age or national origin.

# DOUGLAS HIGH SCHOOL

## Scholarship Application

Name in Full \_\_\_\_\_

Date and Place of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Parents Name in Full \_\_\_\_\_

Parent's Occupation \_\_\_\_\_

Names & Ages of brothers and sisters \_\_\_\_\_

College Intentions \_\_\_\_\_

Estimated income of family \_\_\_\_\_

Amount of money which applicant can count upon during first year in college \_\_\_\_\_

Sources from which this money is expected \_\_\_\_\_

### TO BE FILLED IN BY SCHOOL GUIDANCE DEPARTMENT:

Class Rank:

Class Average:

**DOUGLAS TEACHERS ASSOCIATION**  
Post Office Box 376 • Douglas, Massachusetts • 01516

Kevin Riordan  
*President*

Nancy Dupre  
*Treasurer*

Jonathan Waggenheim  
*Vice President*

Megan Miller  
*Secretary*

**Molly Kelley, Douglas Brown, and Alberta Collins Scholarship Application**

Name in Full: \_\_\_\_\_

Home address: \_\_\_\_\_

Are either of your parents currently employed by the Douglas Public Schools? \_\_\_\_\_

College you plan to attend & major field of study: \_\_\_\_\_

Amount of money which applicant can count upon during first year of college: \_\_\_\_\_

Sources from which this money is expected: \_\_\_\_\_

\_\_\_\_\_

Have you earned (or do you anticipate) any other scholarships or financial aid? If yes, please list the amount(s): \_\_\_\_\_

\_\_\_\_\_

To be filled in by guidance office:      Class Rank: _____      GPA: _____
--

Please attach a brief (500 words or less) essay answering either of the following two questions.

\*\*Be sure to provide specific evidence of how the impact occurred and what the impact was.

- 1.) How has any teacher (Pre-K to 12th) in the Douglas Public Schools impacted your education?
- 2.) How has a *specific* experience in the Douglas Public Schools persuaded you to pursue a career in education?

Lastly, this is a Continuing Education Scholarship. You are eligible to receive the scholarship funds when you can show that you are enrolled for your second semester of college. You must present your proof (e.g. a copy of your **second semester schedule**) to the Association Treasurer before March 15th of your **second semester**. If you do not present your proof before this date, you will forfeit your scholarship.

**DOUGLAS TEACHERS ASSOCIATION**  
Post Office Box 376 • Douglas, Massachusetts • 01516

Kevin Riordan  
President

Nancy Dupre  
Treasurer

Jonathan Waggenheim  
Vice President

Megan Miller  
Secretary

**Algert Lukshis Future Educators Scholarship**

Name in Full: \_\_\_\_\_

Home address: \_\_\_\_\_

Are either of your parents currently employed by the Douglas Public Schools? \_\_\_\_\_

College you plan to attend & major field of study: \_\_\_\_\_

Amount of money which applicant can count upon during first year of college: \_\_\_\_\_

Sources from which this money is expected: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you earned (or do you anticipate) any other scholarships or financial aid? If yes, please list the amount(s): \_\_\_\_\_

\_\_\_\_\_

To be filled in by guidance office:      Class Rank: _____      GPA: _____
--

Please attach a brief (500 words or less) essay answering either of the following two questions.

1.) How has any teacher (Pre-K to 12th) in the Douglas Public Schools impacted your education?

**\*\*Be sure to provide specific evidence of how the impact occurred and what the impact was.**

2.) How has a **specific** experience in the Douglas Public Schools persuaded you to pursue a career in education?

Lastly, this is a Continuing Education Scholarship. You are eligible to receive the scholarship funds when you can show that you are enrolled for your second semester of college. You must present your proof (e.g. a copy of your **second semester schedule**) to the Association Treasurer before March 15th of your **second semester**. If you do not present your proof before this date, you will forfeit your scholarship.

**LUCIUS MARSH, JR.  
SCHOLARSHIP**

**NAME IN FULL** \_\_\_\_\_

**DATE & PLACE OF BIRTH** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_

**COLLEGE INTENTIONS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARENT'S OCCUPATION** \_\_\_\_\_

**NAMES & AGES OF BROTHER & SISTERS** \_\_\_\_\_

\_\_\_\_\_

**ESTIMATED INCOME OF FAMILY** \_\_\_\_\_

**AMOUNT OF MONEY WHICH APPLICANT CAN COUNT UPON DURING  
FIRST YEAR IN COLLEGE** \_\_\_\_\_

**SOURCES FROM WHICH THIS MONEY IS EXPECTED** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TO BE FILLED IN BY SCHOOL GUIDANCE DEPARTMENT:**

**Class Rank:** \_\_\_\_\_

**Class Average:** \_\_\_\_\_

\_\_\_\_\_

ANDREW SANBORN SCHOLARSHIP

NAME IN FULL \_\_\_\_\_

DATE & PLACE OF BIRTH \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

PARENTS' NAME IN FULL \_\_\_\_\_

NUMBER & AGES OF BROTHERS & SISTERS \_\_\_\_\_

COLLEGE YOU PLAN TO ATTEND & MAJOR FIELD OF STUDY \_\_\_\_\_

AMOUNT OF MONEY WHICH APPLICANT CAN COUNT UPON DURING  
FIRST YEAR OF COLLEGE \$ \_\_\_\_\_

SOURCES FROM WHICH THIS MONEY IS EXPECTED \_\_\_\_\_

AMOUNT OF MONEY EARNED BY YOU DURING THE PAST YEAR \_\_\_\_\_

TO BE FILLED OUT BY GUIDANCE OFFICE:

CLASS RANK \_\_\_\_\_

CLASS AVERAGE \_\_\_\_\_

**APPLICATION FOR  
MUMFORD RIVER LODGE OF MASONS  
EDWARD F. MURPHY MEMORIAL SCHOLARSHIP  
WILLIAM T. SEAVER MEMORIAL SCHOLARSHIP**

NAME IN FULL \_\_\_\_\_

DATE AND PLACE OF BIRTH \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

COLLEGE YOU PLAN TO ATTEND \_\_\_\_\_

COLLEGE MAJOR \_\_\_\_\_

HIGH SCHOOL SCHOLASTIC POINT AVERAGE \_\_\_\_\_

PARENT'S NAME IN FULL

EMPLOYMENT STATUS

\_\_\_\_\_ EMPLOYED \_\_\_\_ UNEMPLOYED \_\_\_\_ OTHER \_\_\_\_

\_\_\_\_\_ EMPLOYED \_\_\_\_ UNEMPLOYED \_\_\_\_ OTHER \_\_\_\_

PARENTS CONTRIBUTION TOWARDS 1<sup>ST</sup> YEAR OF COLLEGE \_\_\_\_\_

STUDENTS SAVINGS FOR COLLEGE TO DATE \_\_\_\_\_

NUMBER AND AGES OF BROTHERS & SISTERS

NUMBER

AGES

BROTHERS \_\_\_\_\_

\_\_\_\_\_

SISTERS \_\_\_\_\_

\_\_\_\_\_

WRITE A BRIEF STATEMENT:

**WHY DO I THINK I DESERVE THIS SCHOLARSHIP.**

**PAUL D. MANNING III SCHOLARSHIP**

1. APPLICANT'S FULL NAME \_\_\_\_\_
2. DATE OF BIRTH \_\_\_\_\_
3. HOME ADDRESS \_\_\_\_\_
4. APPLICANT'S EMPLOYMENT HISTORY \_\_\_\_\_  
\_\_\_\_\_
5. FATHER'S FULL NAME \_\_\_\_\_
6. FATHER'S OCCUPATION \_\_\_\_\_
7. MOTHER'S FULL NAME \_\_\_\_\_
8. MOTHER'S OCCUPATION \_\_\_\_\_
9. Names and ages of brothers and sisters \_\_\_\_\_  
\_\_\_\_\_
10. College you expect to attend \_\_\_\_\_
11. Estimated Annual Family Income \_\_\_\_\_
12. Estimated Cost of first year in college \_\_\_\_\_
13. Amount of money already assured for first year in college (from savings, family, financial aid package, scholarships, gifts, other sources) \_\_\_\_\_  
\_\_\_\_\_
14. School and community activities for the past four years \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. Statement of personal goals \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TO BE COMPLETED BY THE GUIDANCE OFFICE:

CLASS RANK \_\_\_\_\_

CLASS AVE. \_\_\_\_\_



**UNIBANK**

**Scholarship Program  
2020**

# UniBank Scholarship Program

## PLAN

UniBank offers a \$2,000 scholarship to support the educational endeavors of exceptional local students. Our intention is that the scholarship makes a significant difference for each recipient. School selection committees have discretion regarding academic performance and should also consider those students who are not likely to qualify for traditional academic-based scholarship aid, but because of character and other qualifications exhibited during their high school career, would likely be successful in college. In addition, financial aid must be considered in the selection process. Therefore, recipients should be found to be deserving not only by reason of academic achievement, but also character, school/community activities and financial need.

## ELIGIBILITY

Scholarships are open to seniors of Northbridge High School, Douglas High School, Uxbridge High School, Whitinsville Christian High School, Blackstone Millville Regional High School, Blackstone Valley Regional Vocational Technical High School, Abby Kelly Foster Charter. One scholarship will be awarded to a senior at each school.

The scholarship recipients are required to be enrolled, as undergraduate students, in an accredited degree program of higher learning.

## APPLICATION

Application, supplied by UniBank, will be available in the schools' guidance offices.

## SELECTION

Individual school scholarship committees will select the UniBank scholarship recipient. This committee may include Karen Yacino, UniBank's Douglas Relationship Branch Manager, as an honorary committee member.

## PAYMENT

Upon presentation of a copy of the tuition bill by the scholarship recipient, a check in the amount of \$2,000 will be sent directly to the college or university. Tuition bills may be mailed or delivered to: UniBank, Attn: Karen Yacino, 4 Mechanic Street, Douglas, MA 01516. **PLEASE NOTE – SCHOLARSHIPS SHOULD BE PAID TOWARD THE FIRST SEMESTER OF THE FIRST YEAR.**

## PUBLIC RELATIONS

High schools will announce the UniBank Scholarship and recipient at the graduation ceremony and issue the appropriate news releases. UniBank will host a breakfast with all recipients and issue a news release after the recipients have been chosen.

# UNIBANK

Douglas High School

\$2,000 SCHOLARSHIP APPLICATION

UniBank offers this \$2,000 scholarship to support the educational endeavors of exceptional students found to be deserving by reason of character, school or community activities, financial need, and academic performance. The scholarship recipient is required to be enrolled, as an undergraduate student, in an accredited degree program of higher learning.

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Name(s) at Home Address: \_\_\_\_\_

Date of High School Graduation: \_\_\_\_\_

Colleges to which you have applied:

COLLEGE	ACCEPTED (Date)	FIELD OF STUDY
_____	_____	_____
_____	_____	_____
_____	_____	_____

Which college do you plan to attend? \_\_\_\_\_

What is your desired career? \_\_\_\_\_

Please list your work experience: (include place of employment, duties and dates employed)

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Please list your extra-curricular school activities: (include the dates involved)

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Please list community activities: (include particulars and dates involved)

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Please include two letters of recommendation - one from a school official such as a teacher, coach or guidance counselor and one from someone who has worked with you in any outside activity.

1. \_\_\_\_\_
2. \_\_\_\_\_

TO BE FILLED IN BY GUIDANCE OFFICE:

Class Rank \_\_\_\_\_ Financial Need Ranking \_\_\_\_\_

Class Average \_\_\_\_\_

VFW  
VETERANS OF FOREIGN WARS  
JOSEPH J. MITCHNA POST  
NO. 7554  
VFW VOICE OF DEMOCRACY  
ESSAY  
2020

**ESSAY SUBJECT:**  
**"Why my Vote Counts"**

**Format for the essay:**

**Essays will be numbered and will be read by the VFW Committee. The top essay winner will be selected to read their essay at the Douglas Memorial Day Parade in May.**

- 1. Do not place your name on the essay**
- 2. Make the essay a 1 page typed document**
- 3. 500 word essay or less**

**\*\* The essay needs to be about why as a citizen it is important to vote. Do not use this essay to promote your personal political views.**

# Douglas Band Booster Scholarship Application

TYPE OR PRINT ALL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

## ACADEMIC INFORMATION

Cumulative grade point average on a 4.0 scale: \_\_\_\_\_ Class rank: \_\_\_\_\_

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.) Use official school names. Do not use abbreviations.

1. \_\_\_\_\_ City/State: \_\_\_\_\_ Accepted? (Y/N) \_\_\_\_\_

2. \_\_\_\_\_ City/State: \_\_\_\_\_ Accepted? (Y/N) \_\_\_\_\_

3. \_\_\_\_\_ City/State: \_\_\_\_\_ Accepted? (Y/N) \_\_\_\_\_

4. \_\_\_\_\_ City/State: \_\_\_\_\_ Accepted? (Y/N) \_\_\_\_\_

Major course(s) of study, if declared: \_\_\_\_\_

## MUSICAL ACTIVITIES AND AWARDS

*Include District or All-State Auditions, Summer Music/Auxiliary Camps*

Musical Group	Years	Leadership Positions Held	Special Awards

# DOUGLAS BAND BOOSTERS

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## SCHOOL AND COMMUNITY ACTIVITIES

List all other school activities in which you have participated at Douglas High School. Also list all community activities in which you have participated without pay while you were a student at Douglas High School.

Activity	Years	Leadership Positions Held	Special Awards

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## PERSONAL STATEMENT

On a separate sheet of paper, please type a brief essay responding to the following question:

**What have you learned during your participation in Band and/or Chorus and how will these experiences affect your life.**

Your essay may be up to one 8 1/2 x 11 page, typewritten and double-spaced. Please include your name on the paper.

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## DIRECTOR'S AND/OR ADVISOR'S ENDORSEMENT

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Blackstone Valley Rotary Club  
Annual Scholarship Application Package

Dear Student:

It is our intention to help a worthy student to further their education with the goal of entering a satisfactory career. We are interested in helping outstanding students meet the high costs of advanced education in the field of the student's choice.

The Blackstone Valley Rotary Club is particularly interested in those students who contribute to the betterment of their class, school, or community, or in expanding and enriching their life experience through their activities as young adults and who provide evidence of exceptional effort scholastically.

It is the goal of the Blackstone Valley Rotary Club to lend a hand wherever we see a need. We are an organization who truly believes in our motto of "Service above Self".

Instructions for Blackstone Valley Rotary Club Scholarship Application

1. Return completed application to the Guidance Office. If your application is not complete, it will not be considered. Application must include school records and class ranking.
2. The essay portion of this application requires you log onto [www.rotary.org](http://www.rotary.org) where you can see pictures, read about, and better understand the Rotary motto "Service above Self". Write the essay and let us know how you could assist your community or the world around you with a project or course of action that would have a positive impact on the lives of others. We believe your ideas are important and we are interested in learning about them and about you.
3. Applicant must graduate and receive your high school diploma. Applicant must reside in Uxbridge, Northbridge or Douglas, MA. Scholarships will be presented to students attending Uxbridge High, Northbridge High, Douglas High, Blackstone Valley Tech and the Whitinsville Christian School.
4. A copy of your high school transcript must be included.
5. Applicant must attend a 2 or 4-year college or further their education at an accredited technical school leading to a certificate, diploma, or other degree.
6. Relatives of current and recent club members are not eligible.

Check will be given directly to the scholarship winner at the end of the 1st Semester (winter break in January). Recipients will need to provide proof of completion of first semester and attend a Rotary meeting to receive their award.

\*Scholarships are not based on financial need however apparent financial need may be one of the selection considerations.

Thank you,

Members of the Blackstone Valley Rotary Club



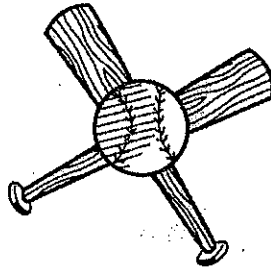
**BLACKSTONE VALLEY ROTARY CLUB**  
**SCHOLARSHIP APPLICATION**

**NAME OF HIGH SCHOOL:** \_\_\_\_\_

1. Applicant's Name: \_\_\_\_\_  
Last First Middle
  
2. Applicant's Address: \_\_\_\_\_  
\_\_\_\_\_  
  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
  
Email: \_\_\_\_\_
  
3. College or University where accepted: \_\_\_\_\_
  
4. Father's / Guardian's Name: \_\_\_\_\_  
  
Employer & Occupation: \_\_\_\_\_  
  
Annual Income: \_\_\_\_\_  
  
Mother's / Guardian's Name: \_\_\_\_\_  
  
Employer & Occupation: \_\_\_\_\_  
  
Annual Income: \_\_\_\_\_
  
5. Applicant's Work Experience:  

Where:	Date:	Hours/Week:	Duties:	Hourly Pay:
_____				
_____				
  
6. How much have you saved? \$ \_\_\_\_\_
  
7. Class Rank \_\_\_\_\_ GPA \_\_\_\_\_

## DOUGLAS YOUTH BASEBALL SCHOLARSHIP



The Douglas Youth Baseball Scholarship will be presented in the memory of Brian "Chipper" Devlin and James Stand. Students applying for these scholarships should have played through the Douglas Youth Baseball or Softball program and completed the Babe Ruth or Senior Lassie League programs.

The Douglas Youth Baseball & softball Association Scholarship Program will distribute scholarships of between \$100-\$500 for student athletes who were participants in Douglas Youth Baseball & Softball programs and whose parents have also participated and contributed to the continued success of this program.

Applicant must be a senior at Douglas High School and must have participated in Douglas Youth Baseball or Softball programs for a period of at least 5 years. Applicant's ability as an athlete will not be a factor in awarding scholarships.

Required enclosures to be attached:

1. Class Rank
2. Grade Point Average
3. Letter from applicant stating desire for the scholarship; any jobs held; extra-curricular activities and any other information that may assist the Scholarship committee in evaluating the application.

Do not send any materials other than the required items listed above.

**No transcripts please!**

Applicant will **NOT** be considered unless **ALL** attachments are enclosed with their application.

DOUGLAS YOUTH BASEBALL/SOFTBALL

A written essay should accompany the application. The essay should tell of the students' experiences of playing baseball/softball and what qualities he/she has taken from those experiences.

NAME:

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YEARS PLAYED IN THE DOUGLAS YOUTH BASEBALL PROGRAM:

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COLLEGE'S YOU HAVE BEEN ACCEPTED TO:

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FIELD OF STUDY:

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ESSAY:

**DOUGLAS AXMEN SOCCER CLUB**

**SCHOLARSHIP**

The Douglas Axmen Soccer Club Scholarship is for High School seniors who are pursuing a post-secondary education. The student must have been associated with Douglas Axmen Soccer for at least four (4) seasons.

NAME: \_\_\_\_\_

SEASONS PLAYED IN DASC: \_\_\_\_\_

POST-SECONDARY SCHOOL OR COLLEGE PLANNING TO ATTEND:

\_\_\_\_\_

MAJOR: \_\_\_\_\_

ESSAY: WHAT THE SOCCER PROGRAM IN DOUGLAS HAS MEANT TO YOU AS YOU HAVE GROWN UP THROUGH THE PROGRAM AND ARE NOW SENIORS IN HIGH SCHOOL. (500 WORD MAX)

**ANTHONY W. FULONE  
SCHOLARSHIP**

**This scholarship is to be awarded to a member of the senior class who has an interest in furthering his/her studies in Political or Social Science, History or Education.**

**Student's Name** \_\_\_\_\_

**Grade Point Average** \_\_\_\_\_ **Rank in Class** \_\_\_\_\_

**List Colleges/Schools you have been accepted to:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

**College you expect to attend and your estimated expenses (tuition, room, board, books, transportation) for one year.**

**Name of College:** \_\_\_\_\_

**Intended Major** \_\_\_\_\_

**Scholarships/grants received to date: \$** \_\_\_\_\_

**List school activities, extra-curricular activities, offices held (or attach resume):**

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**List "out-of-school" activities (work, church, scouting, etc..., or attach resume):**

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**List special awards, recognitions (honor roll, etc., or attach resume):**

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# Douglas Athletic Booster Club



## Scholarship Application

TYPE OR PRINT ALL INFORMATION.  
COMPLETENESS AND NEATNESS ENSURE YOUR APPLICATION WILL BE REVIEWED PROPERLY

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

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### ACADEMIC INFORMATION

Cumulative grade point average on a 4.0 scale: \_\_\_\_\_ Class Rank: \_\_\_\_\_

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.) **Use official school names. Do not use abbreviations.**

1. \_\_\_\_\_ City / State: \_\_\_\_\_ Accepted? (Y/N) \_\_\_\_\_

2. \_\_\_\_\_ City / State: \_\_\_\_\_ Accepted? (Y/N) \_\_\_\_\_

3. \_\_\_\_\_ City / State: \_\_\_\_\_ Accepted? (Y/N) \_\_\_\_\_

4. \_\_\_\_\_ City / State: \_\_\_\_\_ Accepted? (Y/N) \_\_\_\_\_

Major course(s) of study, if declared: \_\_\_\_\_

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**SPORT ACTIVITIES**

Sports	Yrs. of Participation	Leadership Positions Held	Special Awards, Honors

If necessary, attach extra page for additional spots.

**SCHOOL AND COMMUNITY ACTIVITIES**

List all other school activities in which you have participated at Douglas Middle & High School (e.g. student government, music, clubs, etc.) Also list all community activities in which you have participated without pay while you were a student at Douglas Middle & High School (e.g. Boy/Girl Scouts, volunteer / mentor, etc.)

Activity	Yrs. of Participation	Leadership Positions Held	Special Awards, Honors

PERSONAL STATEMENT

On a separate sheet of paper, please type a brief essay responding to the following question:

What have you learned from playing sports and how will your experiences influence your future?

Your essay may be up to, but not more than, one 8 1/2 x 11 page, one-sided, typewritten and double-spaced. Please include your name in the upper left corner of the page.

COACH ENDORSEMENT

**Note to coach:** Please complete and sign this section of the application. When complete, return the entire application to the student. Make a brief statement as to why this student should be considered for the Douglas Athletic Booster Club's Scholarship. Which attributes does this student possess that qualify him or her for the scholarship?

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Attach extra page if necessary.

Signature: \_\_\_\_\_



**GBI, INC.  
SCHOLARSHIP**

NAME IN FULL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

PARENT'S NAME IN FULL \_\_\_\_\_

PARENT'S OCCUPATION \_\_\_\_\_

Names & ages of brothers and sisters \_\_\_\_\_

College Intentions \_\_\_\_\_

Amount of money which applicant can count upon during the first year of college: \_\_\_\_\_

Sources from which this money is expected: \_\_\_\_\_

List all school and community activities: \_\_\_\_\_

**In a 500 word essay, please explain "How would receiving this scholarship make a difference for you and your future plans. "**

**TO BE COMPLETED BY THE GUIDANCE OFFICE:**

CLASS RANK: \_\_\_\_\_

CLASS AVE: \_\_\_\_\_

## Brandon Ballou Scholarship Application

Sanfilippo Syndrome is a rare genetic disease where children experience deterioration in both physical and cognitive abilities.

Brandon Ballou, a student at Douglas Elementary School and a member of the class of 2020, had Sanfilippo Syndrome. He was diagnosed at age eight and passed away suddenly on August 31, 2013. During Brandon's time at Douglas Elementary School, he had a love for life and touched the lives of many, both students and staff. He is greatly missed, but his smile and laughter will be forever remembered!

The Brandon Ballou Scholarship has been created to acknowledge not only the impact that Brandon had on his peers, but more importantly the patience, kindness, and friendships they in turn showed Brandon.

### Scholarship Eligibility:

- Applicant must be a Senior graduating from Douglas High School.
- Applicant must submit an essay (no longer than one page) describing how they have made a difference in the life of a student(s) with a disability within the Douglas Public Schools. The following characteristics must be included: unconditional love, hard work, patience and kindness, which were demonstrated daily by Brandon.
- Applicant must fill out application form and submit by the submission deadline date.

# BRANDON BALLOU SCHOLARSHIP

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Colleges to which you have applied:

College	Accepted (Date)	Field of Study

Which college do you plan to attend? \_\_\_\_\_

What is your desired career? \_\_\_\_\_

Please list your extra-curricular school activities:

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Please list community activities:

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## The Marilyn A. Cortese Memorial Scholarship Fund

The children of Marilyn Cortese would like to remember her, and pass on her ideals and values by way of an annual, non-renewable \$500.00 scholarship. To be eligible, you must be:

- Graduating from Douglas High School, or a resident of Douglas graduating from another high school.
- Planning to attend a four-year college.
- Able to demonstrate financial need.

Marilyn was a single parent who successfully raised her children completely on her own. Therefore, we look to assist a student from a single parent household if possible, or one who has experienced a unique and trying family situation. We would also look favorably on an applicant who plans to pursue a career in the medical field. Finally, please tell us if you plan on working during college.

If you wish to apply, please submit an essay of 500 words or less, describing how you meet the above criteria, and what your plans are during and after college. Please do not include your name or any identifying information in the essay, as we want the selection to be as fair as possible.

Please fill out the information on this sheet, and attach it to your essay. Thank you for applying, and we wish you great success in your future!

David P. Cortese  
Susan M. (Cortese) Kneeland

Student Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

College Attending: \_\_\_\_\_

## **Officer Chet Dzivasen Memorial Scholarship**

The Uxbridge Police Association is pleased to be able to offer two (2) Scholarships in the amount of One Thousand dollars (\$1000.00) each. The Association hopes the scholarships will assist a worthy student of a Blackstone Valley area High School, who **needs** financial assistance to get further education toward a degree in Criminal Justice.

In memory of Officer Dzivasen, The Uxbridge Police Association is interested in financially assisting a worthy student, who hopes to pursue a career in the Criminal Justice field. The Association is particularly interested in those students, who provide evidence of exceptional effort scholastically, in working to earn money, in contributing to the betterment of their class, school or community and **needs** financial assistance in order to pursue a collegiate degree.

### **The Association will look at several factors in awarding the scholarships.**

1. Application must be returned completed and with all supporting documentation, as one package.
2. Applicants must have completed their Junior and Senior year and received a diploma from a Blackstone Valley area High School.
3. High School transcript and College Board Scholastic Aptitude tests must be attached to application.
4. A letter must be submitted, providing additional information about you that is not listed in the application. Please tell us what career path you hope to pursue within the Criminal Justice Field.
5. Submit a letter of recommendation from Guidance Counselor or Teacher, along with a letter from a Community member, which you are not related to.
6. Students may be attending either a two year or 4 year college or university.
7. Check will be given to scholarship winners at the end of 1<sup>st</sup> semester with proof of status and enrollment for 2<sup>nd</sup> semester. Recipient must contact the Association when that occurs.

### **Application Documentation:**

1. \_\_\_\_\_ The Student Application
2. \_\_\_\_\_ Financial Aid Award Letter from the college I plan to attend
3. \_\_\_\_\_ Transcripts and College Board Scholastic Aptitude Test.
4. \_\_\_\_\_ Two letters of Recommendation

### **Supporting Documentation: (please provide at least one)**

- \_\_\_\_\_ Financial Aid Form
- \_\_\_\_\_ Family Financial Statement
- \_\_\_\_\_ Financial Assistance Questionnaire

## Officer Chet Dzivasen Memorial Scholarship

Please fill in the blanks and answer the following question:

1. Full name of applicant \_\_\_\_\_
2. Applicant's address \_\_\_\_\_
3. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_
4. High School attended \_\_\_\_\_ Year of graduation \_\_\_\_\_
5. Father/Guardian's name in full \_\_\_\_\_
  - a. Occupation (if living) \_\_\_\_\_
  - b. Place of Employment \_\_\_\_\_
  - c. Estimated annual salary \_\_\_\_\_
  - d. \_\_\_\_\_
6. Mother/Guardian's name in full \_\_\_\_\_
  - a. Occupation (if living) \_\_\_\_\_
  - b. Place of employment \_\_\_\_\_
  - c. Estimated annual salary \_\_\_\_\_
7. Number of brothers and sisters in family and living in the same residence as applicant  
Brothers \_\_\_\_\_ Ages \_\_\_\_\_  
Sisters \_\_\_\_\_ Ages \_\_\_\_\_
8. What school(s)/college(s) are you interested in? \_\_\_\_\_  
Which one(s) have you applied to? \_\_\_\_\_  
Do you plan to live there or commute? \_\_\_\_\_
9. What course of study do you plan to follow? \_\_\_\_\_  
Objective \_\_\_\_\_
10. What have you done to save money for college?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Officer Chet Dzivasen Memorial Scholarship

11. Your work history:

Employer _____	Duties _____	Dates _____
Employer _____	Duties _____	Dates _____
Employer _____	Duties _____	Dates _____
Employer _____	Duties _____	Dates _____

12. List cost for tuition, books, fees, room and board (if applicable) for the college you plan to attend:

Tuition \$ \_\_\_\_\_ Room and Board \$ \_\_\_\_\_  
Books \$ \_\_\_\_\_ Other (specify) \$ \_\_\_\_\_  
Fees \$ \_\_\_\_\_ Total (per year) \$ \_\_\_\_\_

13. List other scholarships that you have applied for and notification is pending:

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

14. List any other activities that you are involved in and any extraordinary circumstances (i.e. dependent relative, unusual hospital bills, etc) that you would like the Association to consider in making their decision (optional):

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

Applicant's signature \_\_\_\_\_

Printed \_\_\_\_\_

Parent's signature \_\_\_\_\_

Printed \_\_\_\_\_

**NOTE:** Please be certain that all information requested is supplied in full and as one (1) package. Failure to answer fully and fairly and/or not return all requested material at once may result in immediate rejection of your application. **All information received will be treated in a confidential manner.**

MILFORD FEDERAL SAVINGS AND LOAN ASSOCIATION  
SCHOLARSHIP PROGRAM

DOUGLAS HIGH SCHOOL  
\$ 1,000 SCHOLARSHIP APPLICATION

ELIGIBILITY

Scholarships are open to seniors of Milford High School, Hopedale High School, Nipmuc Regional High School, Woonsocket High School, Mount St. Charles High School, Northbridge High School, Whitinsville Christian School, Uxbridge High School, Blackstone Valley Reg. Voc. High School, and Douglas High School.

Student may be attending a two-four year or acceptable technical school. Student must have a B or better average, and must be involved in school functions and also participate in outside activities.

SELECTION

Individual school scholarship committees will select the Milford Federal Savings scholarship recipient.

PAYMENT

Upon receipt of paid bill for first semester by the scholarship recipient, payment of \$1,000 will be paid to the student. Tuition bills may be mailed or delivered to: Milford Federal Savings and Loan Association, Attn: Cynthia Casey, 246 Main St., P.O. Box 210 Milford, Ma. 01757



MILFORD FEDERAL SAVINGS SCHOLARSHIP

FULL NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Parent/Guardian Name(s) at Home Address: \_\_\_\_\_

Date of High School Graduation: \_\_\_\_\_

Colleges to which you have applied:

COLLEGE	ACCEPTED (Date)	FIELD OF STUDY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Which college do you plan to attend? \_\_\_\_\_

What is your desired career? \_\_\_\_\_

Please list your work experience: (include place of employment, duties and dates employed)

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

MILFORD FEDERAL

Please list your extra-curricular school activities: (include the dates involved)

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Please list community activities: (include particulars and dates involved)

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Please include a letter of recommendation -from a school official such as a teacher, coach or guidance counselor.

TO BE FILLED IN BY GUIDANCE OFFICE:

Class Rank \_\_\_\_\_ Financial Need Ranking \_\_\_\_\_  
Class Average \_\_\_\_\_

# Douglas Firefighter's Association

## Scholarship Application

### Contact Information

Name:

Address:

Phone:

DOB:

Parent's Name:

### College Major/Intentions:

Which fields of public safety are you interested in?

### Please list all school, community and volunteer activities:

*Please attach a cover letter and essay regarding the importance of public safety to this application.*

### TO BE COMPLETED BY GUIDANCE OFFICE:

CLASS RANK: \_\_\_\_\_

CLASS GPA: \_\_\_\_\_



## **SCHOLARSHIP APPLICATION FORM**

(Please Type or Print)

Full Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Permanent Physical Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No: \_\_\_\_\_ Alternate Tel. No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_

How did you hear of this Scholarship? : \_\_\_\_\_

### **Scholastic Record**

Elementary School: \_\_\_\_\_ City, State \_\_\_\_\_ Year(s) \_\_\_\_\_

High School: \_\_\_\_\_ City, State \_\_\_\_\_ Year(s) \_\_\_\_\_

### **Academic Information**

College or University \_\_\_\_\_

Physical Address: \_\_\_\_\_

Date of Acceptance: \_\_\_\_\_ Major Field of Study: \_\_\_\_\_

Degree Objective: BA, BS, MA, MS, PhD, Other: \_\_\_\_\_

Anticipated Completion Date: \_\_\_\_\_

I hereby declare that the information provided in this application, as well as all attachments and addendums, is true and correct. I understand that the information contained herein will be verified against official records and any discrepancy discovered may be grounds for disqualification from this program. I further understand that I may be liable to refund any awards received that were given based on incorrect or misleading information contained in my application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## **DOUGLAS OKTOBERFEST SCHOLARSHIP PROGRAM**

The Douglas Oktoberfest Committee is currently accepting applications for the Committee's annual college scholarship. Each year a Douglas Resident will be selected to receive a non-renewable \$500.00 scholarship which is be used toward tuition or books at any accredited institution of higher learning. This Scholarship is non-renewable and must be applied toward tuition or books.

### **QUALIFICATIONS**

1. The applicant must be a Douglas resident.
2. The applicant must be a graduating senior from within the Douglas school district or from a fully accredited institution under the school choice program.
3. Applicant must have been accepted into and will be attending a fully accredited university or other institution of higher learning for the fall 2020 semester.

### **NECESSARY DOCUMENTS (Please Note: You need ALL of these to be Considered Complete)**

Please Note that Incomplete Applications will NOT be considered.

4. Scholarship Application Form
5. Current resume that includes employment and educational history as well as membership or affiliations in any clubs, associations, community service, or sports teams.
6. An official transcript for the past four years of study by the student's current high school or the last high school attended.
7. Two letters of recommendation, addressed to the Douglas Oktoberfest Committee. One letter must be written by a teacher or guidance counselor from your current school. The other letter must be from a personal or business contact (not related to you) that has known you at least 3 years.
8. An essay that addresses the following:

The Douglas Oktoberfest is an event founded on the concept of giving back to the community. Describe a time in which you have given back to your community. What did you learn and how did this experience shape you?

Note: Your essay should be submitted on 8 ½ x 11 typewritten pages in English, Times New Roman font type size 12. Essay word limit is 650.

### **DEADLINE AND SUBMISSION**

**All required documents including official transcripts and letters of recommendation must be postmarked no later than Midnight April 30, 2020 and mailed to the address below;**

**Chairman  
Douglas Oktoberfest Committee  
29 Depot Street  
Douglas, MA. 01516**

## **Application for the 2020 Rudolph J. Susienka Memorial Scholarship**

The family of Rudolph J. Susienka is offering a One Thousand Dollar (\$1000.00) scholarship to a graduating senior from Douglas High School.

Rudolph (1898-1965) and his wife Susana Bielik (1904-1936) had seven children that were raised in East Douglas.

Emily (1923-1995) Richard McLaughlin (1923-2009)  
Joseph (1925- ) Stacia Mucha (1930-)  
William (1926-1990) Mary Meciak (1929-2009)  
Victor (1927-1935)  
Rudolph (1929-2011) Lillian Campo (1929- )  
Susan (1932-2014) Michael G. Wrabel (1928-2010)  
Mary Anne (1933-1969) Robert Cerulle (1932-2010)

Rudolph supported his family, through the depression years, by working long, hard hours at Hayward-Schuster Woolen Mills. Rudolph and Susanna would be very proud of their children's and spouse's accomplishments as well as their grandchildren, great-grandchildren and great-great grandchildren and spouses.

It is with great pride and pleasure that Rudolph and Susana's descendants offer this scholarship to a senior from Douglas High School, with hopes that the recipient will sometime "play it forward" and give back to the youth of Douglas when the recipient's time and career allows.

Correct grammar and punctuation will be noted throughout the application. Preference will be given to an application that includes the following (as attachments with the application):

- (1) A brief essay on "The historical significance of the Slovak Catholic Sokol and what it means to the Douglas community today." Please include footnotes as needed.
- (2) Proof that the applicant, or an immediate family member, is a "member in good standing" of the Slovak Catholics Sokol Group 3. 405 NE Main Street, Douglas, MA 01516.
- (3) A letter of recommendation from a non-family member of the Slovak Catholics Sokol Group 3.

## 2020 Rudolph J. Susienka Memorial Scholarship

Please complete the following application. If an item does not apply, insert N/A. INCOMPLETE applications are subject to disqualification.

Name of applicant \_\_\_\_\_

Date of birth \_\_\_\_\_

Place of birth \_\_\_\_\_

Current Address \_\_\_\_\_

Name/Address of  
Current employer \_\_\_\_\_

Applicant's savings for  
College to date \_\_\_\_\_

Colleges applied to\_(attach to application)  
\_\_\_\_\_

College acceptances\_(attach to application)\_\_\_\_\_

Father/Guardian's Full Name  
\_\_\_\_\_

Mother/Guardian's  
Full name \_\_\_\_\_

**Application for the  
2020 Rudolph J. Susienka Memorial Scholarship**

**List all extracurricular school activities and community involvement (attach to application)**

**Include a Word Document that clearly explains why you believe that you deserve this scholarship.**

**Applicant's Signature** \_\_\_\_\_

**Mother/Guardian's Signature** \_\_\_\_\_

**Printed** \_\_\_\_\_

**Father/Guardian's Signature** \_\_\_\_\_

**Printed** \_\_\_\_\_

**Date** \_\_\_\_\_



***Rita D. Skinner Memorial Scholarship  
Application for Medical Scholarship***

***Scholarship for a senior student who is pursuing a career as an Emergency Medical Technician (EMT/EMT Management), students pursuing a career in any medical field are also eligible for the award.***

Rev. 3-16-2018

Applicant Name and Address Information

Contact Information (Telephone, email, etc.)

Parent(s) Name and Address Information

Not more than 500 word essay describing reasons to be selected and job vision (separate page if desired)

Work Information (including accomplishments and volunteer activities, attach additional pages if needed)

Rank: \_\_\_\_\_

GPA: \_\_\_\_\_

**Nam Knights MC Band of Brothers  
Central Mass**

**Scholarship Application**

**Name in Full** \_\_\_\_\_

**Date and Place of Birth** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Parents Name in Full** \_\_\_\_\_

**Parents Occupation** \_\_\_\_\_

**Names & Ages of brothers and sisters** \_\_\_\_\_

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**College Intentions** \_\_\_\_\_

**Estimated income of family** \_\_\_\_\_

**Amount of money which applicant can count upon during first year in college** \_\_\_\_\_

**Sources from which this money is expected** \_\_\_\_\_

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**TO BE FILLED IN BY SCHOOL GUIDANCE DEPARTMENT:**

**Class Rank:** \_\_\_\_\_

**Class Average:** \_\_\_\_\_

## **LUKE BEAUCHEMIN MEMORIAL SCHOLARSHIP**

**“What we do for ourselves dies with us. What we do for others and the world remains immortal”**

Luke’s memory continues to live on because of the kind way in which he lived. He always found ways to make someone feel special and loved, to make them laugh, to make them feel supported regardless of what was going on in their lives. Acts of kindness (whether big or small) can make a lasting impact on the lives of both the person performing the act of kindness as well as the person who receives it.

**2020 Essay Subject: Type Written 500 words or less**

**Describe an act of kindness that you have encountered in your life. Describe the feelings that it evoked. Describe how and why this act of kindness will remain a part of who you are throughout your lifetime.**

## **Christy Dyer Memorial Scholarship**

The Christy Dyer Memorial Scholarship is for a Douglas High School Senior Varsity Cheerleader; to be selected, the Cheerleader/Senior must be in pursuit of an education within the Healthcare Industry.

2020 Essay Subject:

How does your high school experience align with your next educational choice?

2020 Essay Format:

1. Do not identify yourself by name
2. Single page, typed document (.doc or .pdf)
3. 500-word essay or less
4. Indicate Institute/College/University and Major
5. Must graduate in good standards and with the Class of 2020

Caveat:

If, no 2020 Douglas High School Senior Cheerleader is pursuing an education within Healthcare; then, the scholarship will be made available to any 2020 Douglas High School Senior to apply under the same format.