

Application for Scholarship Aid

Date: _____

To the Unitarian Universalist Women of Great Lynn:

A. I _____ of _____
Name Address
_____ apply for scholarship assistance.
Date of Birth

B. For _____ Year _____
School or College

C. Number of dependents of parent or guardian _____
Give age(s) of children

D. Approximate gross family income
Father _____
Mother _____
Other _____ Total \$ _____

E. Expense budget for school years:
(itemize tuition, books, room,
board, etc.)
\$ _____

TOTAL EXPENSE BUDGET \$ _____

F. Maximum assistance you can count on
from family sources \$ _____
Other scholarships or income sources _____
Applicant's estimated savings _____
TOTAL INCOME FOR EDUCATION \$ _____

G. AMOUNT REQUIRED TO BALANCE BUDGET \$ _____

H. Attach transcript of high school marks. (If already in
college, attach a transcript of last year's marks.)

I. Date of acceptance by school or college _____

Approved _____
Parent or Guardian Applicant's signature

Address Telephone _____

PLEASE RETURN BY MAY 31, 2019 TO:

**UU Women of Greater Lynn
UU CHURCH OF GREATER LYNN
101 FOREST AVENUE
SWAMPSCOTT, MA 01907**