

Application for Scholarship Aid

Date: _____

To the Unitarian Universalist Women of Greater Lynn
Unitarian Universalist Church of Greater 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 JUNE 28, 2020 TO:

Joanne Brine
UU Women of Greater Lynn
4 Lake View Place
Lynn MA 01904