

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Name of School \_\_\_\_\_  
Name(s) of Parent or Guardian \_\_\_\_\_  
Occupation(s) or Parent or Guardian \_\_\_\_\_  
Number of brothers and sisters financially dependent on family \_\_\_\_\_

Names of Colleges to which you intend to apply \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your career goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your hobbies, community activities and interests? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How are you planning to finance your education? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On a separate sheet, please explain why you feel you are deserving of this scholarship award and what it would mean to you.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Forward this form to your Guidance Counselor for additional comments.  
**Please return completed form along with a transcript with SAT Scores and a letter of recommendation to the address below by November 10, 2017.**

Aric Friend  
CMCFO Scholarship Committee  
4 Winter Hill Drive  
Worcester, MA 01605