

2020 SCHOLARSHIP APPLICATION

LOWELL YOUTH ACTIVITIES PROGRAM, INC.
350 MOODY STREET
P.O. BOX 1103
LOWELL, MA 01853

I. Eligibility:

1. Public Housing and Section 8 residents of the Lowell Housing Authority
2. Applicants must be completing their senior year of high school at either Lowell High School or Greater Lowell Technical High School. Applicants who have received awards in prior years may also apply for consideration based on the availability of funds.
3. The applicant must have been accepted as a full-time student at a College/University deemed accredited by the Board Members of the Lowell Youth Activities Program, Inc.
4. The applicant must demonstrate financial need, a strong academic record and be of good character. Involvement in community volunteerism, work experience and/or participation in extracurricular activities would be advantageous.
5. Applications must be received at the Housing Management Offices or at the above noted address by **Friday, May 29, 2020 at 4:00 PM.**

II. Application Requirements:

1. A fully completed application with the following documents attached must be submitted to the Lowell Youth Activities Program, Inc. by the above deadline in order to be considered for an award:
 - A.** Copy of a completed **2019** Income Tax Return Form 1040 of parent or guardian
 - B.** Copy of the student's High School Transcript
 - C.** Two (2) letters of character reference from a Guidance Counselor, Teacher, Employer, Or Adult Non-Relative
 - D.** Student Essay (Minimum of one page) which explains why you believe that you should be considered for the Scholarship
 - D.** Copy of the Acceptance Letter from the University/College which you plan to attend

Incomplete Applications, Application Packages that do not include the required documentation and/or Application Packages submitted after the above deadline will be ineligible for an award.

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APPLICANT INFORMATION

Student's Name: _____
First MI Last

Student's Address: _____
No. Street Apt. # City

Cell Phone Number: _____ Home Phone Number: _____

Email Address: _____

Social Security Number: _____ - _____ - _____

Parent/Guardian Contact Information:

Name Address Telephone

List Total Number of Dependents (Brothers/Sisters) In Household:

<u>Name</u>	<u>Age</u>	<u>School Attending</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ACADEMIC INFORMATION

School currently attending (Please Circle):
GLTHS LHS College/University (Please List Name): _____

SAT scores (If Available): Math _____ Verbal _____

What School will you be attending in September 2020?

Name of Institution Address Intended Major

Type of Degree (Please Circle): Associate (2 Years) Bachelor (4 Year) Certificate

List all Scholarships, Financial Awards/Loans that are being granted to you:

EMPLOYMENT/VOLUNTEERISM

Please List All Work Experience(s) You Have Had During The Last 4 Years:

Employer	Address	Position held
Employer	Address	Position held

Please List & Describe Any Volunteer Work:

ORGANIZATIONAL MEMBERSHIPS/CLUBS/ATHLETICS

Please List & Describe Any Extracurricular Activities/Athletics/Organizational Memberships:

AWARDS/NOMINATIONS

Please List Any Awards/Nominations You Have Received In The Last 4 Years:

Please Explain Any Special Circumstances That The Lowell Youth Activities Program, Inc. Review Committee Should Consider While Reviewing Your Application:

I certify that the information on this application is accurate and is given with our knowledge and approval. I hereby authorize the members of the Lowell Youth Activities Program, Inc. to examine any records/documentation pertinent to this application.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____