

League of Women Voters of Melrose
Melrose, MA 02176
JOAN MOORE MEMORIAL SCHOLARSHIP APPLICATION
Typewrite or Print

Applicant _____
Last name First Name Middle Name

Home Address _____
Street City State Zip Code

Melrose High School Year of Graduation: _____

Name of Present School: _____

College or Occupation: _____

Year in School: _____ (example: second year of 4-year program or applying for first year)

IN WHICH FIELD DO YOU INTEND TO FURTHER YOUR EDUCATION:

To which colleges or schools have you applied?

School / Field	Accepted?			Granted Financial Aid?		
	Yes	No	Waiting	Yes	No	Waiting
_____	—	—	—	—	—	—
_____	—	—	—	—	—	—
_____	—	—	—	—	—	—

References:

Please list three individuals (not MHS faculty) who may be contacted for references.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Please tell us about yourself, including your reasons for seeking this scholarship, your goals in continuing your education and your aims for the future. Continue answer on back if needed:

Please tell us about yourself including your reasons for seeking this scholarship- Continued.

Sign: _____

Phone Number: _____

This form must be completed and mailed by April 20, 2024 to:

**Ms. Joyce Zeiner
180 Green Street Apt. 510
Melrose MA 02176 - 1941**