



TOWN OF UPTON, MASSACHUSETTS

SELECT BOARD

Memorandum

To: Town of Upton Public and Private High School Seniors

From: Susan Brouwer, Executive Assistant

Subject: Town of Upton Annual Scholarship

Date: January 8, 2025

Dear Upton Resident High School Seniors (Public and Private),

Attached is the Town of Upton Scholarship Application and Annual Scholarship Policy for students planning to pursue post-high school education or training programs.

The policy, established by the Select Board, outlines eligibility criteria and procedures for the available scholarships. These scholarships were approved at the October 30, 1989 Town Meeting and are awarded to deserving Upton students.

Please ensure the SCHOOL DATA section is completed before submission to assist the Select Board in the evaluation process.

Submit completed applications to the Select Board's Office by Tuesday, March 25, 2025. Late applications will not be considered.

Best regards,

Susan Brouwer

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Executive Assistant to the Town Manager

SELECT BOARD

Laura Hebb, Chair

Maureen Dwinnell, Member

Brett A. Simas, Member

TOWN MANAGER

Joseph Laydon

One Main Street • Suite 1 • Upton, MA 01568

Tel: 508.529.6901 • F: 508.529.1010



APPLICATION FOR ANNUAL SCHOLARSHIP

OFFICE OF THE SELECT BOARD One Main Street, Box 1 Upton, MA 01568

Full Name:

Telephone:

Home Address:

Email:

Name the College, University, or Vocational Training Program you plan to attend

List your First Choice: _____

List is your Second Choice: _____

Have you been accepted by the College, University, Post High School Education, or Vocational Training Program?

YES [] NO []

If yes, which one: _____

What is your planned area of study? _____

SCHOOL RECORD

Name of your current School

Name of principal or headmaster

List school honors, prizes and scholarships:

List all school and community activities such as yearbook, public speaking, athletics, scouting, choral, drama etc.

APPLICATION FOR ANNUAL SCHOLARSHIP

SCHOOL DATA

Class Rank _____ Date of Ranking _____ Numerical Average _____

CEEB Scores: Verbal _____ Math _____

To the best of my knowledge, the above school data is correct.

Signature of Guidance Counselor

Date

PERSONAL RECORD

Name of parent(s) or guardian

Address (if not same as home address)

WORK EXPERIENCE

What part-time jobs have you held during school term:

Year	Job	Employer
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Year	Job	Employer
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Year	Job	Employer
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What summer or full-time employment have you had?

Year	Job	Employer
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Year	Job	Employer
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Year	Job	Employer
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APPLICATION FOR ANNUAL SCHOLARSHIP

THE FOLLOWING INFORMATION IS CONSIDERED CONFIDENTIAL

Complete the budget estimate for first year of expenses

Estimated Costs:**1st Choice****2nd Choice**

Cost of Tuition:		
Housing:		
Fees:		
Books & Supplies:		
Other expenses:		
Total Expenses:		

Other anticipated Financial Assistance:

Scholarship:
Loan:
Student Earnings:
Family Funds/Other Sources:
Other Income:
Total Receipts:

In consideration of my academic record and the facts set forth in this application, I respectfully petition that a scholarship be awarded to me for the 20____ academic year. I affirm that to the best of my knowledge the above information is correct.

Student's Signature:

Date

APPLICATION FOR ANNUAL SCHOLARSHIP

Please briefly state why you decided to apply for this scholarship.