

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

_____ Telephone _____
Address

PLEASE RETURN BY JUNE 28, 2020 TO:

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