

# BETHANY PACHECO BRUM MEMORIAL SCHOLARSHIP

Criteria: Must be a University of Massachusetts applicant

Name: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ Counselor: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Income: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Income: \_\_\_\_\_

What part-time or summer jobs have you had? (List current job first, if any, with approximate income per week.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you any other source of financial aid? \_\_\_\_\_

At which campus have you been accepted and will attend? \_\_\_\_\_

College Major: \_\_\_\_\_

Career Goal: (Explain in few words.)

\_\_\_\_\_  
\_\_\_\_\_

What are the annual costs at the college you expect to attend?

Tuition: \_\_\_\_\_ Room: \_\_\_\_\_ Board: \_\_\_\_\_ Additional: \_\_\_\_\_

In what extra-curricular activities have you participated (in and out of school)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office held? \_\_\_\_\_

List two persons (not relatives or faculty, example: clergy, employer, etc.) who have known you and your family for some time.

(Name, address, telephone number).

a. \_\_\_\_\_ Position: \_\_\_\_\_

b. \_\_\_\_\_ Position: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date of application: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

Please give a short paragraph in your handwriting, on why you think you should receive this scholarship award. (Use space below):

**THIS COMPLETED APPLICATION MUST BE SUBMITTED BY 2:00 PM ON TUESDAY, MARCH 31, 2020 TO THE MAIN OFFICE.**