



# Matt T. Benoit

MEMORIAL SCHOLARSHIP FUND

## SCHOLARSHIP APPLICATION FORM

This application must contain accurate and detailed information and **must** be accompanied by a transcript of Scholastic Record, including your most recent class rank and SAT scores.

### I. Personal Information (Please print or type)

Full Name \_\_\_\_\_ High School \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Each question or request for information **must** be answered accurately and completely.

*Failure to do so will result in disqualification.* However, if there is a valid reason for not stating an answer, please state in the space provided below.

**Father/Guardian's Name** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Address** \_\_\_\_\_ **Annual Salary** \_\_\_\_\_

**Place of Business** \_\_\_\_\_ **Other Income** \_\_\_\_\_

**Mother/Guardian's Name** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Address** \_\_\_\_\_ **Annual Salary** \_\_\_\_\_

**Place of Business** \_\_\_\_\_ **Other Income** \_\_\_\_\_

*Other than you and your parents, complete the information requested for all those who live in your household, as well as any siblings in school for whom your parents have responsibility (include grandparents, if they live with you).*

| Name | Age | School Attending | Year in School | Tuition | Board | Income/Aid Received |
|------|-----|------------------|----------------|---------|-------|---------------------|
|      |     |                  |                |         |       |                     |
|      |     |                  |                |         |       |                     |
|      |     |                  |                |         |       |                     |
|      |     |                  |                |         |       |                     |
|      |     |                  |                |         |       |                     |

Reason(s) for not answering question(s). List question and reason:

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### II. Education

1. Name of college you expect to enter: \_\_\_\_\_

2. Have you been accepted for admission? ☐ Yes ☐ No

3. Total estimated yearly cost of college \_\_\_\_\_

4. How much will your family contribute to your college costs in the first year? \_\_\_\_\_

*(This should be based on what your family can pay, not on any designated formula).*

5. In what extra-curricular activities (itemized by school year) have you engaged? Please attach your resume which should include extra-curricular activities, (such as sports, clubs, etc.) community service, and any work experience.

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6. Why is a college education important to you and what contributions do you see yourself making to your community or society? (Limit to space allocated).

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### III. Employment

1. Do you work? ☐ Yes ☐ No If yes, what kind of work? \_\_\_\_\_ Earnings? \_\_\_\_\_

Average number of hours you work during the school year \_\_\_\_\_

2. What are your career objectives and why? \_\_\_\_\_

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### IV. Recommendation

1. Please enclose **one** letter of recommendation from your clergyman, guidance counselor, teacher (major subject), or principal.

### V. Essay

The intent of the organization is to award these scholarships to a student that most resembles the qualities that Matthew T. Benoit had. Matt was an average academic student with a solid academic record and appropriate course load. The scholarship recipient must maintain a similar academic record. Matt was a four sport varsity athlete and considered a total team player. The scholarship recipient must display the same appreciation of teamwork that Matt did. Matt also held down a part time job, making effective use of his time. A student that can display the same time management skills will be considered. Matt had a true love of family and his faith. **In approximately 150 words, write how your attributes are similar to Matt's (attach a separate sheet of paper).**

1. Are you a relative of a Board of Directors of the Matt T. Benoit Memorial Scholarship Fund? ☐ Yes ☐ No

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

#### AFFIDAVIT

I hereby authorize the Matt T. Benoit Memorial Scholarship Committee to review information pertinent to their decision on my application with my school guidance counselor.

APPLICANT SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

PLEASE RETURN COMPLETED APPLICATION TO:

***Due No Later than May 1st, 2021***

Matt T. Benoit Memorial Scholarship Fund  
Scholarship Committee  
PO Box 386  
Westport, MA 02790