

CONFIDENTIAL  
METUCHEN HIGH SCHOOL SCHOLARSHIP APPLICATION

Name of Scholarship for which applying: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Do you identify yourself as a minority, and if so, which group?** \_\_\_\_\_  
**(for MEF Verice Mason Memorial Scholarship)**

I hereby authorize the release of my academic record if requested to the scholarship or organization named above.

\_\_\_\_\_  
Signature of Parent/Guardian      Date      Signature of Student      Date

Father/Guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_

Names/ages of siblings (indicate if any are also enrolled in college and require tuition payment)

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

College/university that you plan to attend:

\_\_\_\_\_

**Statement of financial need (REQUIRED):**

Career goal:

List all co-curricular or out of school activities in which you participate, offices held, and/or honors received (include work experience):

Activities/Honors/Offices	Grade	9	10	11	12
_____					
_____					
_____					
_____					
_____					