

Date: _____
[Committee use only] 1st _____ 2nd _____

Scholarship Application
For Residents of Warwick, Massachusetts
WARWICK COMMUNITY SCHOLARSHIP
ALICE , ERIC , & OSCAR ANDERSON SCHOLARSHIP
(This form is used for application to both scholarships)

Scholarships will be awarded to qualified residents of Warwick, MA (refer to by-laws). The scholarships will be announced at the graduation exercises of the applicable high school or by letter to recipients.

PLEASE NOTE: Students attending Community Colleges of Massachusetts are not eligible.

Because the scholarship committee meets on the last Sunday of April, all applications must be received prior to April 15th of each year. The committee reserves the right to request an interview with the applicant.

Students name _____

Mailing address _____

Telephone _____

College (School) at which you have been accepted _____

Location _____ No. of years you plan to attend _____ Intended major _____

Yearly tuition rate _____ Room & Board _____ Other _____

Total _____ Name(s) of other family members attending college _____

Other scholarships applied for _____

Other scholarships awarded (if known) _____

Name of high school you graduated from _____ Scholastic average _____

Course taken in school _____ Enclose latest transcript of grades

Extra curricular activities _____

Community and/or volunteer activities _____

Revised: May 2025