



**TOWN OF MENDON**  
**BOARD OF HEALTH**  
 18 Main Street  
 Mendon, MA 01756

Alan Greenberg | *Chairman*  
 Tom Fichtner | *Vice-Chairman*  
 Joyce Gilmore | *Member*

# \$1,000 SCHOLARSHIP APPLICATION

The Mendon Board of Health, in partnership with E. L. Harvey and Sons, is proud to offer a scholarship opportunity of \$1,000 to graduating high school seniors. Please see details below.

**(APPLICATIONS MUST BE RECEIVED BY THE BOARD OF HEALTH OFFICE NO LATER THAN 3:00 P.M. ON THURSDAY - MAY 9, 2024)**

**CRITERIA:**

- Applicants furthering their education at an accredited institution of learning.
- Applicants demonstrating acts of good citizenship and/or community service.
- Applicants having a U.S. citizen status and a resident in the Town of Mendon.

**DIRECTIONS:**

Applicants should complete the application as neatly & thoroughly as possible. Please include any supporting documentation. (i.e.- personal and/or professional references, awards, etc.)

**PART 1:**

Student Name: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Father: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of Mother: \_\_\_\_\_ Occupation: \_\_\_\_\_

Sibling(s):	Age:	Institution of Learning:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education Institution that you hope to attend:

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

What is your Major? \_\_\_\_\_

What is your Minor? \_\_\_\_\_

Extra-Curricular Activities: (Include youth organizations, community service, school organizations, etc.)

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**PART 2: (TO BE COMPLETED BY YOUR GUIDANCE COUNSELOR)**

Class Rank: \_\_\_\_\_ Date of Ranking: \_\_\_\_\_ Numerical Average: \_\_\_\_\_

CEEB Scores: \_\_\_\_\_ Verbal: \_\_\_\_\_ Math: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Address of High School: \_\_\_\_\_

Main Phone Number: \_\_\_\_\_

Signature of Guidance Counselor: \_\_\_\_\_

**PART 3:**

- 1) Please attach a statement detailing why you are applying for this scholarship and state what you have been able to financially do to aid yourself toward furthering your education.
- 2) Please briefly describe what being a resident of Mendon means to you and describe what qualities you possess that will help you accomplish your future goals.

**This application must be received by the Mendon Board of Health Office located at  
18 Main Street, Mendon, MA 01756 by 3:00 p.m. on Thursday - May 9, 2024**

*Information regarding the amount of the scholarship and the recipients will be announced at graduation.*

\_\_\_\_\_  
Signature of Applicant

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**BOARD OF HEALTH OFFICE USE ONLY**

**Date of Application Received:**