



SCHOLARSHIP APPLICATION

DEADLINE FOR RETURNING THIS FORM IS MAY 1st

Full Name: \_\_\_\_\_

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

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

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

Name of Technical School you plan to attend:

\_\_\_\_\_

Major: \_\_\_\_\_ Cost: \_\_\_\_\_

OR Company you are employed with: \_\_\_\_\_

List High School/Vocational Honors received and any extracurricular activities

\_\_\_\_\_

\_\_\_\_\_

**CONFIDENTIAL**  
**PERSONAL RECORD**

Father or Guardian (indicate which): \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother or Guardian (indicate which): \_\_\_\_\_

Occupation: \_\_\_\_\_

Total number of persons dependent on parents (including self): \_\_\_\_\_

Are you a child of a veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

References : 2 persons, not related to you, who know you

Name	Address	Phone Number
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\_\_\_\_\_

\_\_\_\_\_

WORK EXPERIENCE:

What part time work have you done during your high school years?

Year	Company	Job Description

The information that I have submitted in this application is,  
to the best of my knowledge, honest and correct.

Signature \_\_\_\_\_

**A TYPED ESSAY MUST ACCOMPANY THIS SCHOLARSHIP APPLICATION EXPLAINING WHY YOU WISH TO RECEIVE A SCHOLARSHIP, AND ALSO WHAT YOUR FUTURE PLANS MIGHT BE.**

Please mail your Application and essay to:

Moody's Collision Centers  
Attn: Scholarship  
200 Narragansett Street  
Gorham, ME 04038