



Town Clerk

TOWN OF HOLBROOK  
50 NORTH FRANKLIN STREET HOLBROOK,  
MASSACHUSETTS 02343-1502

Telephone  
(781) 767-4314

## ***SCHOLARSHIP COMMITTEE***

**TO:** Scholarship Applicants

**FROM:** The Town of Holbrook Scholarship Committee

**DATE:** February 7, 2025

**RE:** Applicant Information for the Town of Holbrook Scholarship

Thank you for your interest in applying for a Town of Holbrook/Albert L. Fenn Memorial Scholarship.

The Town of Holbrook Scholarships are awarded to Holbrook residents who have graduated from an approved public or private high school and will be enrolled in an undergraduate program at an accredited college or other school of higher education. The number of scholarships given each year depends on the funding available. All funds for the scholarships are received through donations.

The Town of Holbrook Scholarships are primarily based on merit. The applications are scored anonymously using specific guidelines, which give points for academic performance; SAT's and rank in class; school, church, and community service; activities and work experience; and other criteria.

Please read the application carefully and fill out all the information on the pages. You must also include the following:

- Personal statement of intent;
- Applicant appraisal;
- Transcripts from your high school (or culled through the last term completed).

Your completed application and letters must be emailed to [barbarapdavis@gmail.com](mailto:barbarapdavis@gmail.com) no later than Monday, **April 1, 2025**, or dropped off at the Town Clerk's office by that date.

Recipients of the scholarship will be notified in early May. Best wishes on your future endeavors.

**Important Notes:** If any application does not include all of the required information, it will be incomplete and will be disqualified from consideration. If a scholarship is not claimed by a recipient within three (3) years of its grant, it will be withdrawn and awarded to a future recipient.

# Town of Holbrook/Albert L. Fenn Memorial Scholarship Application

For use by Town of Holbrook Scholarship Committee

ID# \_\_\_\_\_

PLEASE PRINT OR TYPE

## APPLICANT DATA

Mr./Ms \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Permanent Address \_\_\_\_\_ (street, city, state, zip)

Date of birth (month/day/year) \_\_\_\_\_ Telephone number \_\_\_\_\_ Email address \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Number of family members \_\_\_\_\_ Have you filed a Financial Aid Form? Yes \_\_\_\_\_ No \_\_\_\_\_

Gross family income \$ \_\_\_\_\_ Family contribution to costs of higher education \$ \_\_\_\_\_

## SCHOOL DATA

Name of High School attended \_\_\_\_\_ Graduation Date \_\_\_\_\_

Address \_\_\_\_\_ (street, city, state, zip)

Telephone number \_\_\_\_\_ Name of high school principal \_\_\_\_\_

Name of post-secondary school for which applicant's scholarship is requested:

\_\_\_\_\_ Accredited? Yes  No   
4 Year college/university  Vocational/Technical  Community College  Other   
Address of college/university \_\_\_\_\_

\_\_\_\_\_ (street/city/state/zip)

Student will live: on campus  off campus  commute

Estimated costs for year (tuition,  room, board, etc.) \$ \_\_\_\_\_

Anticipated date of graduation from post-secondary program (month) \_\_\_\_\_ (year) \_\_\_\_\_

Academic year in September 2025: Freshman  Sophomore  Junior  Senior

Anticipated field of study: \_\_\_\_\_

By submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Town of Holbrook Scholarship Committee

PERSONAL DATA

Describe your work experience during the past four years. Indicate dates of employment in each job and approximate number of hours worked each week. List total amounts earned at each job.

Business/position	From (month/year)	To (month/year)	Hours per week	Amount earned

List of all school activities in which you have participated during the past 4 years (e.g. student government, music, sports, etc.) List all community activities in which you have participated without pay during the past 4 years (e.g. Red Cross, church work, volunteer work, etc.) Indicate all special awards and honors.

Activity	No. yrs	Special Awards, Honors	Activity	No. yrs	Special Awards, Honors

Town of Holbrook Scholarship Committee

Please report any unusual family or personal circumstances that have affected your school and community activities, work experiences, or achievements in school, such as financial hardship, physical disability, learning disability, medical issues, etc.

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OTHER AWARDS

Please list below the name and amount of any grants or scholarships, including financial information from the college you will be attending for the coming school year.

NAME OF AWARD	AMOUNT	GRANTED	PENDING

STATEMENT OF INTENT

On a separate paper, type a brief (1-2 paragraphs) statement of your educational and career objectives and future goals. It should include:

- Your immediate educational plans;
- Your major course(s) of study and degree;
- Your post-college career and/or graduate education plans.

Attach your Statement of intent to this application.

APPLICANT APPRAISAL and TRANSCRIPT INFORMATION FORMS

Detach the next two forms, print your name legibly on the top of each form, and submit each to the appropriate person. Be certain to pick up each document when it is complete.

When the following forms have been compiled:

STATEMENT OF INTENT, APPLICANT APPRAISAL LETTER, and TRANSCRIPT INFORMATION FORM attach them to the APPLICATION FORM and submit all documents to:

[BARBARAPDAVIS@GMAIL.COM](mailto:BARBARAPDAVIS@GMAIL.COM) via email (preferred) OR hard copy can be dropped off/mailed to:

THE TOWN OF HOLBROOK SCHOLARSHIP COMMITTEE  
Town Clerk's Office  
50 North Franklin Street  
Holbrook, MA 02343



**TOWN OF HOLBROOK  
HOLBROOK, MASSACHUSETTS**

SCHOLARSHIP COMMITTEE

APPLICANT APPRAISAL

To: The designated Counselor, Advisor, Clergy Member, Instructor, Supervisor, or other Professional

Name of Student \_\_\_\_\_

The student named above is applying for a Town of Holbrook/Albert L. Fenn Memorial Scholarship to assist with tuition and related expenses for the continuance of his/her post-secondary education.

You are asked to please support the student's application with a *letter of appraisal* of his/her personal and academic qualifications for this award.

Please include the following:

- Personal comments on how well you know the student;
- Comments on the student's commitment to school and the community;
- An evaluation of how his/her achievements reflect his/her abilities;
- An evaluation if he/she has set realistic and attainable goals; and
- An estimate of how well the choice of education and career suits the student

Please include your title, address, and telephone number. Letterhead stationery would be preferred.

The student is expected to receive the letter from you directly and attach it to the scholarship application.

Thank you.

PLEASE EMAIL TO [BARBARAPDAVIS@GMAIL.COM](mailto:BARBARAPDAVIS@GMAIL.COM) (preferred)

OR can be mailed or dropped off to:

THE TOWN OF HOLBROOK SCHOLARSHIP COMMITTEE  
Town Clerk's Office  
Holbrook Town Hall  
50 North Franklin Street  
Holbrook, MA 02343



S COMMITTEE

**TOWN OF HOLBROOK  
HOLBROOK, MASSACHUSETTS**

TRANSCRIPT INFORMATION

The following information must be completed by the appropriate school official (such as a guidance counselor or advisor). All applicants should include a transcript of grades, SAT's, class rank, and grade point average.

Name of Student \_\_\_\_\_

The student named above is applying for a Town of Holbrook/Albert L. Fenn Memorial Scholarship to assist with tuition and related expenses for the continuance of his/her post-secondary education.

You are asked to please support the student's application with the following transcript information:

Cumulative grade point average _____	4 point or 5 point scale Circle one
SAT Verbal _____ SAT Math _____ Other _____	

I certify this data is from a current and *official transcript* (please include a copy):

\_\_\_\_\_  
School Official's Signature Title

\_\_\_\_\_  
Date Telephone Number

\_\_\_\_\_  
School Official's Address (street, city, state, zip)

The student is expected to receive this form and accompanying documents from you directly and attach it to the scholarship application.

Thank you.

PLEASE EMAIL TO [BARBARAPDAVIS@GMAIL.COM](mailto:BARBARAPDAVIS@GMAIL.COM) (Preferred)

OR mail/drop off to:

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