

MARC INC. SCHOLARSHIP APPLICATION

MERIDEN AMATEUR RADIO CLUB, INC.
P.O BOX 583
MERIDEN CT 06450

THE APPLICATION SHOULD BE PRINTED OUT AND MAILED TO THE ABOVE ADDRESS WITH
TRANSCRIPTS ATTACHED.

PLEASE PRINT CLEARLY ALL INFORMATION. DATE _____

NAME _____ CALL SIGN _____
LAST FIRST MIDDLE

HOME ADDRESS _____
STREET

CITY/STATE/ZIP

PHONE # (_____) _____
AREA CODE NUMBER

FATHERS NAME (LAST) _____ (FIRST) _____ (DECEASED ___)

MOTHERS NAME (LAST) _____ (FIRST) _____ (DECEASED ___)

SCHOOLS ATTENDED (HIGH SCHOOLS OR ABOVE) MOST RECENT FIRST

NAME DATES ATTENDED DEGREE OR DIPLOMA

DATE OF GRADUATION ____/____/____ CLASS RANK ___ OF _____

COLLEGE/SCHOOL/UNIVERSITY AT WHICH YOU HAVE BEEN ACCEPTED OR ENROLLED:

ADDRESS _____

MAJOR FIELD OF STUDY _____

HIGH SCHOOL HONORS OR DISTINCTIONS _____

EXTRACURRICULAR AND COMMUNITY ACTIVITIES _____

LIST ALL RADIO ORGANIZATIONS WITH WHICH YOU ARE OR HAVE BEEN ASSOCIATED WITH:

LIST ANY HOBBIES _____

WHAT PERCENTAGE OF YOUR EDUCATIONAL EXPENSES ARE TO BE PAID BY:

YOUR FAMILY ____%, YOURSELF ____% SCHOLARSHIPS/GRANTS ____% LOANS ____%

WHAT DO YOU ESTIMATE YOUR TOTAL EDUCATIONAL COST FOR NEXT SCHOOL YEAR? _____

TUITION & BOARD _____ BOOKS & SUPPLIES _____ MISC _____

PRESENT EMPLOYMENT _____

ANSWER ONLY IF FINANCIALLY DEPENDENT ON PARENTS:

PARENTS HOME: RENTED _____ OWNED _____ BEING PURCHASED _____

ESTIMATED GROSS ANNUAL INCOME OF PARENTS _____

NUMBER OF SIBLINGS _____ NUMBER IN COLLEGE _____

WHAT IS YOUR GRADE POINT AVERAGE? _____

ARE YOU OR ANY OF YOUR FAMILY A MEMBER OF THE MERIDEN AMATEUR RADIO CLUB?

APPLICANT MUST SUBMIT A WRITTEN STATEMENT OF 250 WORDS OR LESS EXPLAINING WHY (S)HE SELECTED THE PROGRAM OF STUDY AND WHAT (S)HE PLANS TO DO WHEN THE PROGRAM IS COMPLETED.

I HEREBY ATTEST THAT I UNDERSTAND THE AWARD TERMS AND THAT THE FOREGOING INFORMATION PROVIDED BY ME IS TRUE TO THE BEST OF MY KNOWLEDGE. IF I AM GRANTED A SCHOLARSHIP BY MARC, INC., I WILL PERMIT MY NAME TO BE USED FOR PUBLICITY RELEASES TO FURTHER THE AIMS AND PURPOSES OF MARC INC.

STUDENT SIGNATURE _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____