

Brookline High School

Application for New Scholarship Award (please print)

Date of application:_____

- 1. Title of Scholarship _____
- 2. Please indicate the anticipated amount to be awarded _____
- 3. What criteria do you wish to establish for the recipient? _____

(For example, to be given to a member of the tennis team, female or male, majoring in a certain field; etc.)

All Scholarship recipients are chosen by the Brookline High School Scholarship Committee. Scholarship payments are made directly to the institution where the student is enrolled unless prior arrangements have been made with the donor.

4. How is this scholarship to be funded? Please indicate below by checking the box.

One time, lump sum award

Each year from accumulated interest from a scholarship account held in the Treasurer's Office.

A check will be sent to the Scholarship Committee each year. (Deposit - General Scholarship Fund)

Other

5. If this scholarship is in memory of a particular individual, please complete the following

Name: (Please P	rint)
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Living or Deceased	
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Attended Brookline High School (If a graduate, indicate the year of graduation)

Accomplishments/Honors while at Brookline High School:

Please return this form to: Fauzia Mazhar, Scholarship Coordinator - 115 Greenough Street, Brookline, MA 02445. If you have any questions regarding this form, please email the Scholarship Chairperson, scott_butchart@psbma.org or fauzia_mazhar@psbma.org

- 6. Please give any other details explaining relationship to Brookline Public Schools:
- 7. Please explain history of Scholarship. Why is it being established?
- 8. Please list the contact person(s) who will be responsible for all communications regarding this scholarship. Please indicate complete names, addresses and phone numbers home and work.

CONTACT PERSON #1	CONTACT PERSON #2
Full Name:	Full Name:
Street	Street:
City:	City
State:	State:
Zip:	Zip:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone
FAX #:	FAX#:
Email:	Email:

9. Please designate the person(s) who will present this scholarship at our Annual Scholarship Ceremony.

Name:	Name:
Street:	Street:
City	City:
State:	State:
Zip:	Zip:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:

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