



Date: 7/14/25

**Brookline High School**  
**Application for New Scholarship Award**  
(Please Print)

1. Title of Scholarship The Elijah Lincoln Goodman Memorial Scholarship
2. Please indicate the anticipated amount to be awarded \$20,000
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.)

For a student who has demonstrated a deep appreciation for the dignity of every person he or she has encountered and has shown a propensity for establishing lasting friendships with people from all walks of life.

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:

- ☐ A. One time, lump sum award.
- ☐ B. Each year from accumulated interest from a scholarship account held in the Treasurer's Office.
- ☐ C. A check will be sent to the Scholarship Committee each year. (Deposit - General Scholarship Fund)
- ☒ D. Other: If possible, a check will be sent to the Scholarship Committee, from the Treasurer's Office.

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

- † Full Name: (Please Print) Elijah Lincoln Goodman
- † Living or Deceased Deceased
- † Resident of Brookline (If so, when) 1996 - 2025
- † Attended Brookline High School (If graduate, indicate 2015)
- † Accomplishments/Honors :

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6. Please give any other details explaining relationship to Brookline Public Schools:

He was a student at Heath School  
through High School.

7. Please explain history of Scholarship. Why is it being established?

Eli died suddenly in June and his friend, Jenny Riordan established a GoFundMe to buy a park bench. So much more money was donated that there is now \$20,000 for an annual scholarship in his name.

8. Please list the contact person(s) who will be responsible for all communications regarding this scholarship. Please indicate complete names and addresses and phone numbers -- home and work.

CONTACT PERSON #1	CONTACT PERSON #2
Full Name: Ellen Goodman	Full Name: Lauren Post
Street: 1530 Beacon St. Apt. 1105	Street: 6 Olmsted Rd. #303
City: Brookline	City: Brookline
State: MA	State: MA
Zip: 02446	Zip: 02445
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone: 617-285-5527	Cell Phone: 617-869-1910
FAX #:	FAX #:
Email: egoodman4@yahoo.com	Email: lauren_post@yahoo.com

9. Please designate the person(s) who will present this scholarship at our Annual Scholarship Breakfast in June?

Name: Ellen Goodman	Name: Lauren Post
Street: 1530 Beacon St. Apt. 1105	Street: 6 Olmsted Rd. #303
City: Brookline	City: Brookline
State: MA	State: MA
Zip: 02446	Zip: 02445
Home Phone:	Home Phone:
Cell Phone: 617-285-5527	Cell Phone: 617-869-1910

Please return this form to: Linda Wentzell Scholarship Coordinator, 115 Greenough Street, Brookline, MA 02445

If you have any questions regarding this form, please call the Scholarship Chairperson, Scott Butchart or Linda Wentzell at 617-713-5006.

cc: Ms. Robin Coyne, School Committee