Massachusetts Library Staff Association
George L. Hallissey, Jr. Memorial
Scholarship Application

Last Name: __________________________ First Name: ___________________ MI: ______

Address: ____________________________________________________________________________

Street: ___________________ City: ___________________ Zip: __________

Birthplace: ___________________________________________ Date of Birth: _________________

Mother’s Name: ___________________________ Occupation: ___________________

Father’s Name: ___________________________ Occupation: ___________________

Library where parent is employed: ______________________________________________________

Family Adjusted Gross Income (AGI) from both parents’ tax returns: ______________________

School Applicant is now attending: __________________________ City: ________________

Ages of other children at home: _______________________________________________________

Date of Graduation: _______________________________________________________________________

Name of College or University you plan to attend: _____________________________________________

Have you been accepted for admission? _____________________________________________________

Expected amount of expenses for freshman year: _____________________________________________

Field of interest: Major ___________________ Minor ___________________

Have you received and/or do you expect to receive any other scholarships? (Yes/No) ______

From Whom? ____________________ Amount: __________________________

I have read all the scholarship rules and instructions in the informational pamphlet and do hereby submit this application for a Scholarship.

Signature_____________________________________________________________________

(Print this application and mail it, along with the other necessary information, to the Committee)
Applications must be postmarked by May 15th