

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 1st