

2019
Philip J. Farrell
Memorial Scholarship

Attached is the Application for the Philip J. Farrell Memorial Scholarship. This \$2,000 scholarship is available to two graduating high school seniors. Qualified applicants will each have the opportunity to be awarded a \$2,000 scholarship.

This scholarship opportunity is available to

1. Students who have a relative (Parent/Step-Parent, Grandparent, Aunt or Uncle) who either own or is employed at an Independent Insurance Agency in Massachusetts. Preference is given to agencies who are members of the Massachusetts Association of Insurance Agents (MAIA).
2. Entering an accredited 2 or 4-year college program with Business as the intended course of study.
3. Holds a GPA of 3.0 or higher.

Please complete and return to:
Scholarship Selection Committee
Philip J. Farrell Memorial Scholarship
P.O. Box 509
Taunton, MA 02780

Thank you for your consideration.

Scholarship Selection Committee
Philip J. Farrell Memorial Scholarship
P.O. Box 509
Taunton, MA 02780

APPLICATION FOR THE PHILIP J. FARRELL MEMORIAL SCHOLARSHIP

RULES:

- Students who have a relative who either own or is employed at an Independent Insurance Agency in Massachusetts. Relative is defined as Parent/Step-Parent, Grandparent, Aunt or Uncle. (Preference is given to agencies who are members of the Massachusetts Association of Insurance Agents MAIA)
- Entering an accredited 2 or 4-year college program as a Business Major.
- Holds a GPA of 3.0 or higher.
- **RETURN TO SCHOLARSHIP SELECTION COMMITTEE BY July 5, 2019**

Please fill in all required data; points will be deducted for missing information.

Family income figures should be based on latest income tax return.

Attach 2 letters of recommendation (one from a teacher or counselor and one from an outside source) and a copy of your transcript.

Name _____ D/O/B _____ Phone # _____

Address: _____

High School _____ GPA: _____ Class Rank: _____

College Applied To: _____ Annual Tuition: _____

Other Annual Expenses _____ Course of Study Intended _____

Affiliated Independent Insurance Agency: _____

Agency Location (Town/City): _____

Relative Employee: _____

Relationship to Applicant: _____

Father's Name: _____ Occupation: _____

Address: _____ Annual Income: _____

Mother's Name: _____ Occupation: _____

Address: _____ Annual Income: _____

Names and Ages of siblings and colleges they are attending: _____

Other financial assistance: _____ If so, source & amount: _____

List employment (work experience): _____

List school activities: _____

List community activities, volunteer efforts, hobbies, clubs:

Signed: _____ Date: _____