**Billerica Pop Warner**

P.O. Box 106, Billerica, MA 01821

www.billericapopwarner.org

**Edward F. Hayes, Sr.**

**And**

**Edward Stuart, Sr.**

**Memorial Scholarship Application**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course of study:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How were you involved in the program? (Please check all that apply.)

\_\_\_\_\_football player \_\_\_\_\_cheerleader \_\_\_\_\_junior coach \_\_\_\_\_assistant coach

Please check the team name(s) and list the number of years on each team:

A Team: \_\_\_\_\_# of years

B Team: \_\_\_\_\_Braves \_\_\_\_\_Mohawks \_\_\_\_\_# of years

C Team: \_\_\_\_\_Scouts \_\_\_\_\_Comanches \_\_\_\_\_# of years

D Team: \_\_\_\_\_Warriors \_\_\_\_\_Apaches \_\_\_\_\_Redskins \_\_\_\_\_# of years

E Team: \_\_\_\_\_Cherokees \_\_\_\_\_Chiefs \_\_\_\_\_Little Indians \_\_\_\_\_# of years

F Team: \_\_\_\_\_Little Braves \_\_\_\_\_Little Chiefs \_\_\_\_\_Little Warriors \_\_\_\_\_# of years

Were your parents involved in the program (other than Bingo or concession)? \_\_\_Yes \_\_\_No

Father: In what capacity?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_# of years

Starting in year\_\_\_\_\_\_\_\_\_\_\_ and ending in year\_\_\_\_\_\_\_\_\_\_\_

Mother: In what capacity?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_# of years

Starting in year\_\_\_\_\_\_\_\_\_\_\_ and ending in year \_\_\_\_\_\_\_\_\_\_\_

Briefly summarize how BPW has prepared you for your future goals.

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Please mail this application along with a copy of your high school transcript of grades, and activity sheet to postmarked no later than 4/1/2023 to:

Billerica Pop Warner

P.O. Box 106

Billerica MA 01821

**Please note: Billerica Pop Warner MUST receive all applications no later than April 1st. Incomplete applications will not be considered.**

I understand that if I am selected, Billerica Pop Warner will pay the college or university directly after receiving a copy of my second semester invoice and a copy of my grades showing a grade point average of 2.0 or greater.

We certify that the above-mentioned information is accurate to the best of our knowledge.

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Signature of Applicant Date

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Signature of Parent Date