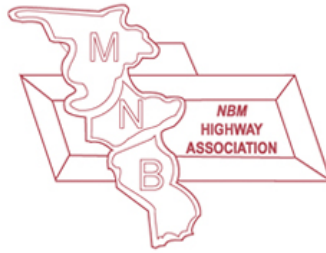


NBM Highway Association



Norfolk Bristol Middlesex Highway Association
P.O. Box 547, Norwood, MA 02062
www.NBMHighway.com
Phone: 508-528-6260 Fax: 508-528-6261

2011 SCHOLARSHIP APPLICATION

NAME: _____

ADDRESS: _____

TELEPHONE: _____

SPONSOR: _____

SPONSOR'S ADDRESS: _____

RELATIONSHIP TO SPONSOR: _____

SPONSOR'S TELEPHONE: _____

TRADE SCHOOL/COLLEGE ATTENDING: _____

YEAR OF COLLEGE: _____

EXPECTED DATE OF GRADUATION: _____

FIELD OF STUDY: _____

WILL STUDENT BE EMPLOYED WHILE ATTENDING SCHOOL:

ESTIMATED ANNUAL EXPENSES:

- TUITION, FEES & BOOKS..... \$ _____
- LIVING EXPENSES..... \$ _____
- TRAVEL EXPENSES..... \$ _____

I HAVE READ AND UNDERSTAND THE SCHOLARSHIP RULES, PARTICULARLY THOSE REGARDING THE PAYMENT REQUEST AND CONFIRMATION OF GRADES, AND AGREE TO ABIDE BY THEM.

SIGNATURE: _____ MEMBER'S

SIGNATURE: _____

DATE: _____

PLEASE ATTACH:

1. A BRIEF STATEMENT EXPLAINING YOUR REASON FOR FURTHERING YOUR EDUCATION IN 200 WORDS OR LESS.
2. A STATEMENT OR TRANSCRIPT FROM THE EDUCATIONAL INSTITUTION LAST ATTENDED, WHICH INDICATES GRADES AND GRADE LEVEL ACHIEVEMENT.
3. A BRIEF STATEMENT OF NEED. THE APPLICANT IS ENCOURAGED TO SUBMIT COLLEGE SERVICE (CSS) ESTIMATES, AS A FINANCIAL NEED STATEMENT.

MAIL COMPLETED APPLICATIONS BY **JAN 15, 2012** TO: **NBM HIGHWAY ASSOCIATION, P.O. BOX 547,
NORWOOD, MA 02062**

RECEIVED BY: _____

DATE: _____