## Massachusetts State Grange Educational Aid Fund

## **Part Time Scholarship Application**

Scholarships are available for Grange members who are enrolled part-time in degree-granting programs. Awards of at least \$40 per credit hour with a maximum of 11 credit hours per academic year will be made. Applications may be submitted at any time and will be acted upon at the next meeting of the Trustees of the Educational Aid Fund.

Applicants must supply:

- evidence of enrollment in a degree-granting program
- transcript indicating successful completion of courses for which they are seeking to receive a scholarship

Applicants will be notified of the status of their application following the next meeting of the Trustees of the Fund. Payment will be made upon successful completion of the course or courses for which the award was made.

| Name  |  |                         |                |
|---|--|-------------------------|----------------|
| Telephone   |  |                         |                |
| Address   |  |                         |                |
|   |  |                         |                |
| Subordinate/Community Grang   | ge   |                         |                |
| On the reverse of the applica   | tion please list any Grange                      | offices or committee po | ositions held. |
| List years prior scholarships w College attending   |  |                         |                |
| For what occupation or profess  | sion are you preparing                           |                         |                |
| What degree are you working to When is your anticipated gradu List courses for which you see.  (Please enclose a copy of your | uation date?k reimbursement                      |                         |                |
| college/university you are att  |  |                         | ,              |
| We certify that   | is and has been a member in good s               |                         | ood standing   |
| of  | Grange No  | for the past            | years.         |
| We recommend him/her for a s  | scholarship.                                     |                         |                |
| GRANGE  | President  |                         |                |
| SEAL  | Secretary  |                         |                |
|   | Date   |                         |                |
| This application to be sent to:   | Educational Aid Fund<br>Nancy M. Blackmer, Secre | etary                   |                |

77 Burrill Avenue

Orange, MA 01364-1815