



SCHOLARSHIP APPLICATION FORM

Membership dues must be paid by February 1st, 2024 and Application Due by March 1st, 2024 to qualify

Student Information

Students Name:
Address:
Telephone Number:
Email Address:
High School:
Date of H.S. Graduation:
School at Which Attending:

Sponsoring Member Information

Name of Sponsoring Member:
Address:
Telephone Number:
Email Address:
Relationship to Applicant:

Sponsor Signature: _____ Date: _____

Mail to: County Sligo Association of Boston (c/o Kathleen Sullivan)
127 Vine Rock St.
Dedham MA, 02026

Or

Scan and email to: countysligoassociationofboston@gmail.com