



Sippican Woman's Club
152 Front Street
P.O. Box 121
Marion, MA 02738
SWC.Marion@gmail.com

Sippican Woman's Club Scholarship Application (Graduating High School • Marion Residents Only)

Name: _____

Address: _____

Phone: _____ E-mail Address: _____

1. College or school you plan to attend: _____

1a. Projected cost: _____

1b. Proposed major: _____

2. List summer and part-time jobs: _____

3. List brothers and sisters and their ages: _____

3a. Number of siblings in college this year: _____

4. Class(es) Year of Graduation: _____

5. Please provide your budget estimate for your first year of college education:

Parent & Student Savings: \$ _____

Workstudy/Grants: \$ _____

Scholarship(s): \$ _____

Anticipated Loans: \$ _____

Total: (should equal 1a) \$ _____

Please attach the following:

5. Letter explaining your educational plans and goals.

This is your opportunity to help us see you as the unique individual that you are.

Please include:

5a. Your passions, hobbies, interests, extracurricular activities and community service;

5b. Specifics of your financial need in the above letter;

5c. Transcript of high school grades;

5d. Letter of recommendation from a Guidance teacher.

Instructions

Print and send to:

Sippican Woman's Club
Attn: Scholarship Committee
P.O. Box 121
Marion, MA 02738

Or fill out this PDF

and send back via email to:
eileenmerlino42@gmail.com

Application deadline: April 15

Please make sure all requested information has been provided. Incomplete applications will not be considered.