

# 2017 Agganis Foundation Scholarship Application



NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_

PARENT E-MAIL \_\_\_\_\_

PHONE \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

COLLEGE YOU PLAN TO ATTEND \_\_\_\_\_

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## Academic Information

GRADE POINT AVERAGE \_\_\_\_\_ CLASS RANK \_\_\_\_\_ OF \_\_\_\_\_

SAT SCORES                      CRITICAL READING \_\_\_\_\_ MATH \_\_\_\_\_ WRITING \_\_\_\_\_

VARSITY SPORT(S) PLAYED \_\_\_\_\_

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APPLICANT MUST INCLUDE EIGHT (8) COPIES OF THE FOLLOWING:

APPLICATION

TRANSCRIPT\*

LETTER OF RECOMMENDATION FROM COACH OR TEACHER

RESUME DETAILING:

EXTRACURRICULAR ACTIVITIES

COMMUNITY SERVICE

ATHLETIC ACCOMPLISHMENTS

HONORS OR AWARDS RECEIVED

**PLEASE COLLATE APPLICATIONS SO THAT THERE ARE 8 SEPARATE COMPLETED APPLICATIONS. PLEASE DO NOT PUT TRANSCRIPTS IN SEPARATE ENVELOPE.**

PLEASE RETURN APPLICATIONS BY *Apr. 27* TO:

AGGANIS FOUNDATION, 85 EXCHANGE ST., SUITE 218, LYNN, MA 01901

FOR MORE INFO, CALL 781-593-7311 OR EMAIL [INFO@AGGANISFOUNDATION.COM](mailto:INFO@AGGANISFOUNDATION.COM)