

2019 AGGANIS FOUNDATION SCHOLARSHIP APPLICATION



NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

E-MAIL _____

PARENT E-MAIL _____

PHONE _____

HIGH SCHOOL _____

COLLEGE YOU PLAN TO ATTEND _____

ACADEMIC INFORMATION

GRADE POINT AVERAGE _____ CLASS RANK _____ OF _____

SAT SCORES CRITICAL READING _____ MATH _____

VARSITY SPORT(S) PLAYED _____

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

APPLICATION

TRANSCRIPT

LETTER OF RECOMMENDATION

RESUME DETAILING:

EXTRACURRICULAR ACTIVITIES

COMMUNITY SERVICE

ATHLETIC ACCOMPLISHMENTS

HONORS OR AWARDS RECEIVED

IMPORTANT: PLEASE COLLATE APPLICATIONS SO THAT THERE ARE EIGHT (8) COMPLETED PACKETS. PLEASE DO NOT SUBMIT TRANSCRIPTS OR RECOMMENDATION LETTERS IN SEPARATE ENVELOPES, AS THEY WILL NOT BE INCLUDED IN PACKETS SENT TO THE SCHOLARSHIP COMMITTEE.

PLEASE RETURN APPLICATIONS BY APRIL 22, 2019 TO:
AGGANIS FOUNDATION, 85 EXCHANGE ST., SUITE 218, LYNN, MA 01901

FOR MORE INFO, CALL 781-593-7311 OR EMAIL INFO@AGGANISFOUNDATION.COM