

Benjamin Harvey Scholarship Application

Date of Application: _____ Sponsor's name: _____

Applicant's name: _____ Telephone: () _____

Street address: _____ Town: _____ State: _____ Zip: _____

Mailing address if different: _____

College or school you plan on attending: _____

Major Field of study: _____

Tuition per year: _____ Room and board: _____

Father's name: _____ Mother's name: _____

Father's occupation: _____ Mother's occupation: _____

Applicant's employer: _____

What was the combined income of your family last year? Include taxable and non-taxable income from all sources:

Less than \$10,000 _____ \$30,000-40,000 _____ \$60,000-70,000 _____

\$10,000-\$20,000 _____ \$40,000-50,000 _____ \$70,000-80,000 _____

\$20,000-\$30,000 _____ \$50,000-60,000 _____ over \$100,000 _____

Please list siblings now attending school or college

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Please attach essay, and any other information that you feel would be of value to the scholarship committee.

Signature of applicant: _____

Signature of parent or guardian: _____

Please return application and essay to: ACOAM, 890 Brock Avenue, New Bedford, MA 02744