

PLYMOUTH COUNTY HIGHWAY ASSOCIATION, INC.

P. O. Box 22  
Halifax MA 02338  
FAX (781) 293-2964

**2025 EDUCATIONAL AWARD APPLICATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ HOW LONG AT PRESENT ADDRESS \_\_\_\_\_

AGE: \_\_\_\_\_ SPONSOR: \_\_\_\_\_

RELATIONSHIP TO SPONSOR: \_\_\_\_\_ SPONSOR A MEMBER SINCE: \_\_\_\_\_

PARENTS OR GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ HOW LONG AT PRESENT ADDRESS: \_\_\_\_\_

COLLEGE ATTENDING: \_\_\_\_\_ EXPECTED DATE OF GRADUATION: \_\_\_\_\_

FIELD OF STUDY: \_\_\_\_\_

WILL STUDENT BE EMPLOYED WHILE ATTENDING SCHOOL: \_\_\_\_\_ AVE. HRS. PER WEEK: \_\_\_\_\_

ESTIMATED ANNUAL EXPENCES:

TUITION, FEES & BOOKS:-----\$ \_\_\_\_\_

LIVING EXPENCES:-----\$ \_\_\_\_\_

TRAVEL EXPENCES-----\$ \_\_\_\_\_

**PLEASE ATTACH:**

- 1. A brief statement explaining your reason for attending college, in 200 to 300 words.**
- 2. A statement from the educational institution last attended, which indicates class standing.**
- 3. A brief statement of need. The applicant is strongly encouraged to submit College Service (CSS) estimates, as a financial need statement.**
- 4. A letter of recommendation. The attached form should be completed by a teacher who has personal knowledge of the applicant.**

Mail Completed Applications To: Plymouth County Highway Association, Inc.  
ATTN: Rose Sweezey  
P. O. Box 22  
Halifax MA 02338

**COMPLETED APPLICATION MUST BE RECEIVED BY FEBRUARY 20, 2025**

**Plymouth County Highway Association, Inc.**  
**Scholarship Recommendation**

**DATE:** \_\_\_\_\_

**APPLICANTS NAME:** \_\_\_\_\_

**RECOMMENDATION COMPLETED BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PHONE:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_  
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