



**Scholarship Committee**

*Marlene Bartlett, Chair*

*Marita Coombs, Sara Harris and Megan Arruda*

## **SMEA Scholarship Announcement**

### **All active union members**

It is scholarship application time. Applications are available on line at the SMEA website or from your union representative. Applications should be submitted to the Scholarship Committee before April 1, 2017. Applicants may submit the scholarship application via email to [mbartlett@smea.us](mailto:mbartlett@smea.us)

The award decisions will be made in May and only the recipients will be notified by mail.

If you have any questions, please contact any member of the committee for further information.



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**Somerville Municipal Employees Association Scholarship Application &  
Eligibility Requirements**

Applicants must be a child, grandchild, step child, brother, sister or an active dues paying member.

Must be a graduating High school senior or individual attending an accredited School.

Must be accepted to an institution of continued education of 2-4 years. “ Or accepted to a technical or tradesman school”

We encourage extracurricular activities, volunteerism in the community and teacher recommendations.

Applications can be emailed to [mbartlett@smea.us](mailto:mbartlett@smea.us) before April 1, 2017 or can be mailed directly to: **Marlene Bartlett**

**C/O SMEA**

**50 Evergreen Avenue**

**Somerville, MA 02145**



# Somerville Municipal Employees Association

## Scholarship Application

50 Evergreen Avenue

Somerville, MA 02145

WWW.SMEA.US

Name of qualifying SMEA Member: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Please print or type \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell phone or other # ( ) \_\_\_\_\_

Name of Parent / Guardian \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### School Data

Schools to which you have applied (In order of Preference)

School	Acceptance
_____	Yes No Waiting to hear
_____	Yes No Waiting to hear
_____	Yes No Waiting to hear

Student will:       live on campus       live off campus       commute

Enrolled:       less than half-time       half-time or more       full-time

Anticipated date of graduation from post-secondary program (month) \_\_\_\_\_ (Year) \_\_\_\_\_

Major field of study applicant plans to pursue \_\_\_\_\_

# Personal Data

Describe your work experience during the past four years. Indicate the dates of employment in each job and the approximate hours worked each week. List total amounts earned at each job.

Position	Date: (Mo. Yr.)	To: (Mo. Yr.)	Hours per week	Amount earned wkly.

How much money have you saved toward your further education? \$ \_\_\_\_\_

List your major school and community activities and individual interests including participation in such areas as student government, athletics, music, community projects, hobbies, clubs, and honors received. Give a brief description of each activity where appropriate. (Please use page 3 if additional space is needed.)

<u>Activity</u>	<u>Dates of Participation</u>	<u>Description</u>

Make a statement of your plans as they relate to your educational and career objectives and future goals.

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Please report any unusual family or personal circumstances you feel warrant action.

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Please list below the name and amount of any grants or scholarships that you have been awarded for the coming school year.

Name of Award	Amount	Granted	Pending	Remark



# Family Data



Father's Occupation \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Names and ages of all brothers and sisters

Name	Age	Status (Employment, School)

# Transcript Information

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I hereby authorize the Somerville Municipal Employees Association and It's scholarship committee to obtain my transcript from (Name of School) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Applications must be returned to the SMEA by the closing date which will be noted on the application attachment.

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

The following conditions and terms apply to Somerville Municipal Employee Scholarship Awards.  
“ I agree that if I am offered a scholarship and accept a scholarship from the SMEA, The SMEA may use my name, the name of my community, my photo, the name and address of my school, the amount of the scholarship award, and the name of the postsecondary institution I will attend (my “Recipient Information”) in press releases, public announcements, and other fundraising or promotional materials in all media (including the internet), to advance the non-profit objectives of The SMEA and its scholarship committee.”

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

The Somerville Municipal Employees Association (aka: SMEA) And Scholarship Committee