

DON J. KOBIS SCHOLARSHIP

Criteria:

1. Ware High School grade 12 student
2. Scholarship must be used in an accredited institution of higher learning
3. Transcript must accompany application

Application Deadline: April 15

Amount of Scholarship: \$200

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Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
School you will attend: \_\_\_\_\_  
Field of study: \_\_\_\_\_  
Acceptance confirmed: Yes No (please circle)

List any aid or assistance you have received so far:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State estimated cost of your education for one year \_\_\_\_\_

List any family member currently attending college and which schools \_\_\_\_\_  
\_\_\_\_\_

TWO CHARACTER REFERENCES: Give name and address

(1) \_\_\_\_\_  
(2) \_\_\_\_\_

List extra curricular/civic activities

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mail application to:

Mrs. Claire Kobis  
2 Fourth Street  
Brookfield MA 01506