

# Scholarship Application

**Moulton Insurance Agency  
143 West Street, P.O. Box 90  
Ware, MA 01082**

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

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

HIGH SCHOOL: \_\_\_\_\_

SCHOOL ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMMUNITY SERVICE ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COLLEGES YOU HAVE BEEN ACCEPTED AT: \_\_\_\_\_

\_\_\_\_\_

MAJOR YOU ARE CONSIDERING: \_\_\_\_\_

ARE YOU OR YOUR FAMILY MEMBERS INSURED WITH OUR AGENCY?

IF SO, NAMES PLEASE (Not a prerequisite): \_\_\_\_\_

\_\_\_\_\_

**Additional Requirements:      Brief essay on your future goals  
Transcript of your grades**

**Application must be returned by April 19, 2024**