



Seacoast Shores Association, Inc.



The Jack Way Memorial Scholarship Application Form

Available to a child of a Seacoast Shores Association member

Applicant's name: _____

Seacoast Shores residence: _____

Length of residence: _____

Mailing address: _____

Phone: _____

Date of birth: _____

Name of parent or guardian: _____

Current school: _____

School or program to be attended: _____

Anticipated course of study and year of graduation: _____

Signature: _____ Date: _____

Essay:

On a separate piece of paper, discuss why you think that you deserve this scholarship. Include any community involvement, extra curricular activities, or other ways that you have demonstrated your good citizenship. Please limit your essay to one page.

*Mail this completed application form and your essay by April 14, 2007 to:
SSA Scholarship Committee, P.O. Box 768, East Falmouth, MA 02536*