

**THE MARLBOROUGH REGIONAL COMMUNITY FOUNDATION, INC**

**c/o Marlborough Regional Chamber of Commerce**

**11 Florence Street**

**Marlborough, MA 01752**

 

**The 2025 Scholarship award is $1,000.00 per recipient.**

As a Foundation of business, professional and non-profit leaders, the Marlborough Regional Community Foundation, Inc. promotes the community’s commercial, industrial, and economic interests. The Foundation offers scholarships to area students who intend to continue their post-secondary education in business or business-related fields. While a “business focus” can be beneficial to the applicant, there are many facets considered in the decision process, as many academic achievements, extracurricular activities, and non-business courses of study prepare students for meaningful business careers. Thus, **all students are encouraged to apply,** **and all properly completed and submitted applications will be considered.**

From the pool of applicants submitting all requested information, the scholarship recipients will be chosen on the basis of their biographical essay, achievements, scholarship, and financial needs.

**APPLICATION REQUIREMENTS:**

1. A **Biographical Essay** in letter form addressed to The Marlborough Regional Community Foundation Scholarship Committee. Be sure to include information that you feel qualifies you as a solid candidate for this scholarship and to mention any unusual personal circumstances. We are interested in your professional goals and plans for the future, any awards you have received, extracurricular activities, community involvement, volunteering, and work experience.
2. **TWO (2) letters** of references, **ONE FROM A SCHOOL PERSON** and **ONE FROM A BUSINESS OR COMMUNITY MEMBER** who can speak to your work or volunteer experiences.
3. A copy of your **secondary school transcript**, including an activity summary, whenever possible.
4. **Complete** the basic **application form below in full.**

**APPLICATION DEADLINE: FRIDAY, MARCH 21, 2025**

All application and requested documentation must be forwarded to The Marlborough Regional Community Foundation, Inc.,

11 Florence Street, Marlborough, MA 01752 **by** **FRIDAY, MARCH 21, 2025**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School presently attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_ Class Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ G.P.A. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employed at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employed at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate the number of people in your family (including yourself) who will be attending school full-time in 2025-2026.

Grade School \_\_\_\_\_\_ High School \_\_\_\_\_\_ post-secondary \_\_\_\_\_\_\_\_

What post-secondary institution do you plan to attend full-time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your planned field of study? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the estimated total cost of your first year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED\*\***

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*OFFICE USE ONLY \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**SCHOOL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**