



MASSACHUSETTS SOCIETY OF MAYFLOWER DESCENDANTS

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## THANKSGIVING DAY AWARD APPLICATION

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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

Tel. # \_\_\_\_\_ Email \_\_\_\_\_

College you plan to attend \_\_\_\_\_

Intended Field of Study \_\_\_\_\_

Secondary School Attended \_\_\_\_\_

Secondary School Average \_\_\_\_\_ Class Rank \_\_\_\_\_

Cumulative GPA \_\_\_\_\_ Class Size \_\_\_\_\_

**PLEASE USE ADDITIONAL SHEETS IF NECESSARY FOR THE FOLLOWING:**

School Activities and/or Awards \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Other Activities* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***PERSONAL INFORMATION:***

*Mother's Name* \_\_\_\_\_ *Occupation* \_\_\_\_\_

*Father's Name* \_\_\_\_\_ *Occupation* \_\_\_\_\_

***List ALL children dependent on parents (including self, starting with the eldest)***

*Name* \_\_\_\_\_ *Age* \_\_\_\_\_

*Name* \_\_\_\_\_ *Age* \_\_\_\_\_

*Name* \_\_\_\_\_ *Age* \_\_\_\_\_

*Name* \_\_\_\_\_ *Age* \_\_\_\_\_

*Are you receiving other Financial Aid?*

\_\_\_\_\_

\_\_\_\_\_

*What are the extenuating circumstances in your family?*

\_\_\_\_\_

\_\_\_\_\_

*Is there a local newspaper you would like notified should you receive this award?*

\_\_\_\_\_

\_\_\_\_\_

*Please be sure each item is complete or your application will not be considered.*

\_\_\_\_\_  
***Signature of Applicant***

\_\_\_\_\_  
***Date***