M. A. G. S.

Maintenance Association of the Granite State





Please answer all questions. Copies of this form are acceptable.			
Name			
Address			
City	State/Zip Phone		
High School Nar	ame		
City	State/Zip Phone		
Guidance Counselor Name Email address			
Check One:	Senior Graduate Class of 20		
Name(s) of post-	t-secondary school(s) to which you have applied for enrollment (use additional sheet if r	necessary).	
School Name			
Addres	ess		
City	State/Zip Phone		
Have y	you yet been accepted for enrollment at this school?	No	
Are yo	you already attending this school? Yes No		
School Name			
Addres	ess		
City	State/Zip Phone		
Have y	you yet been accepted for enrollment at this school?	No	
Are yo	you already attending this school?		
Please list your n	major area of study at these post-secondary schools, or the course names and numbers (if known).	

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Scholarship Application

(continued)

Please provide a brief description of the above course	es.
What is the overall time frame for completing this ed	lucation?
Upon graduation from techinical school/college, wha	at are your career plans?
Please list all other sources of financial aid (scholarsh	nips, grants, student loans, etc) and the amounts:
	<u> </u>
include your school transcript(s).	d by MAGS no later than May 1st at the address shown below. Be sure to e MAGS Scholarship Committee for an interview. Scholarships will be
I hereby make application for a MAGS schol	arship. The facts contained hereon are true and complete to the best of my GS is under no obligation to award a scholarship to me or to anyone else.
Signature:	Date:
Please mail application to	

Maintenance Association of the Granite State PO Box 282 Concord, NH 03302-0282

