

AMERICAN LEGION AUXILIARY  
sponsor of  
MASSACHUSETTS GIRLS' STATE

MARY WHITTAKER MURRILL SCHOLARSHIP

APPLICATION AND RULES

1. The amount of the Mary Whittaker Murrill Girls' State Scholarship shall be Five Hundred (\$500.00) Dollars.
2. To be eligible, you must have attended Massachusetts Girls' State for the full week session in 2017 as a Girls' State Citizen.
3. You must be a resident of Massachusetts
4. Applications must be received prior to MAY 1, 2018, as all applications will be judged at that time.
5. Judging will be done by the Girls' State Scholarship Committee.
6. The Application for Scholarship must be filled out completely, NO blank spaces. Information will be kept confidential.
7. Two (2) letters of recommendation are required.
  1. From a Faculty member of the High School of graduation;
  2. From an American Citizen over the age of 18, other than a Family/Relative/Teacher/Coach, etc. certifying to the Character and Ability of the Applicant.
8. An original article consisting of not more than 500 words on the following topic:  
"What has my experience at Girls' State meant to me? How do I plan to pay the benefits of this experience forward in my own community?"
9. Transcript or photo-copy of High School Grades.
10. Send to: Mrs. Bonnie Sladeski, Director  
12 Doverbrook Street  
Chicopee, MA 01022

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MARY WHITTAKER MURRILL SCHOLARSHIP APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Name of High School \_\_\_\_\_

Address \_\_\_\_\_

Name of Principal \_\_\_\_\_

Name of College/University you plan to attend \_\_\_\_\_

Career Desired \_\_\_\_\_

Occupation of Father/Guardian \_\_\_\_\_

Income of Father/Guardian (All Sources) \_\_\_\_\_

Occupation of Mother/Guardian \_\_\_\_\_

Income of Mother/Guardian (All Sources) \_\_\_\_\_

Number of Dependent Children and Ages \_\_\_\_\_

Extra Curricular and Civic Activities (Please List – Use extra sheet if necessary) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you or are you planning to work before entering College/University? \_\_\_\_\_

If yes, where \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date

**The information contained in this Application will be held in strictest confidence. All information is needed. Failure to answer all questions will cause elimination.**

ATTACH ALL PAPERS TOGETHER

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**“What has my experience at Girls’ State meant to me? How do I plan to pay the benefits of this experience forward in my own community?”**