

AMERICAN LEGION AUXILIARY  
sponsor of  
**MASSACHUSETTS GIRLS STATE**

SCHOLARSHIPS

APPLICATION AND RULES

1. The amount of the Mary Whittaker Murrill Girls State Scholarship shall be Two Hundred (\$200.00) Dollars.
2. The amount of the Gertrude Daley Girls State Scholarship shall be One Hundred (\$100.00) Dollars.
3. To be eligible, you must have attended Massachusetts Girls State for the full week session in 2007 as a Girls State Citizen.
4. You must be a resident of Massachusetts
5. Applications must be received prior to MAY 15, 2008, as all applications will be judged at that time.
6. Judging will be done by the Girls State Scholarship Committee.
7. The Application for Scholarship must be filled out completely, NO blank spaces. Information will be kept confidential.
8. Two (2) letters of recommendation are required. One from a Faculty member of the High School of graduation; the second 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.
9. An original article consisting of not more than 500 words on the following topic: “What My Week At Girls State Meant To Me”.
10. Transcript or photo-copy of High School Grades.
11. Send to: Mrs. Bonnie Sladeski, Director  
12 Doverbrook Street  
Chicopee, MA 01022

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APPLICATION FOR SCHOLARSHIP

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