



Your dreams. Our mission.

Massachusetts Bay Community College Foundation, Inc.

President's Scholars Scholarship

Application Cover Sheet

Date: _____

Personal Information

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Email:** _____

High School: _____

Graduation Year: _____ **GPA:** _____

Program of Interest:

Recommender's Contact Information:

Name: _____ **Title:** _____

Tel. #: _____ **Email:** _____

Name: _____ **Title:** _____

Tel. #: _____ **Email:** _____

Scholarship applications will only be reviewed for high school seniors who have submitted an application to MassBay.

Have you submitted an application to MassBay for the Fall 2015 semester? **Yes** **No**

Please submit this form with supporting materials to: Director of Admissions, MassBay Community College, 50 Oakland Street, Wellesley Hills, MA 02481.