2018 AGGANIS FOUNDATION SCHOLARSHIP APPLICATION



NAME	
ADDRESS	
CITY, STATE, ZIP	
PARENT E-MAIL	
PHONE	
HIGH SCHOOL	
COLLEGE YOU PLAN TO ATTEND	
Academic Information	
GRADE POINT AVERAGE	CLASS RANK OF
SAT SCORES CRITICAL READ	NG MATH WRITING
VARSITY SPORT(S) PLAYED ——————	
APPLICANT MUST INCLUDE EIGHT (8) C	OPIES OF THE FOLLOWING:
APPLICATION TRANSCRI	PT LETTER OF RECOMMENDATION
RESUME DETAILING:	
EXTRACURRICULAR ACTIVITIES	COMMUNITY SERVICE
ATHLETIC ACCOMPLISHMENTS	HONORS OR AWARDS RECEIVED

IMPORTANT: PLEASE COLLATE APPLICATIONS SO THAT THERE ARE EIGHT (8)
COMPLETED PACKETS. PLEASE DO NOT SUBMIT TRANSCRIPTS OR RECOMMENDATION
LETTERS IN SEPARATE ENVELOPES.

PLEASE RETURN APPLICATIONS BY APRIL 25, 2018 TO:
AGGANIS FOUNDATION, 85 EXCHANGE ST., SUITE 218, LYNN, MA 01901

for more info, call 781-593-7311 or email info@agganisfoundation.com