

# Worcester County Highway Association 2025 Scholarship Program

The Worcester County Highway Association Board of Directors is pleased to announce that applications are available for the WCHA Scholarship.

The Scholarship Program is under the direction of the Scholarship Committee which is appointed annually by the WCHA President. The Scholarship Committee consists of 5 Members:

4 Members of the WCHA Board of Directors and 1 Member of the Association.

### **REQUIREMENTS:**

- Applicant must have applied to and planning to attend an accredited college, university, or technical institute that requires at least a two-year curriculum.
- Applicant must be a child, grandchild, or dependent of a member of the Worcester County Highway Association.
- Applicant must have a 2.5 Grade Point Average to be eligible.
- WCHA member who sponsors the applicant must have a *minimum of 3 years* consecutive membership in the WCHA as of April 30; Member must be current with Membership Dues and in good standing with the Association.
- Applicant must be a citizen of the United States.

### **APPLICATIONS:**

## A completed application must include:

- 1. WCHA Application Form
- 2. Transcript from your educational institution which indicates GPA/current class standing
- 3. Statement of Scholarship Need (Describe your need for the Scholarship)
- 4. 400-500 word essay answering the following question:

Describe a challenge your community faces related to Public Works and how you would help address it.

#### **DEADLINE:**

All applications must be received or post marked by October 31, 2025 and emailed in one PDF to: info@worcestercountyhighway.com or mailed to:

Worcester County Highway Association Scholarship Fund PO BOX 446 Clinton, MA 01510



# Worcester County Highway Association PO BOX 446 CLINTON, MA 01510

# 2025 Scholarship Application

This application must be filled out in its <u>entirety</u> in order to be eligible for entry. Incomplete applications will NOT be considered.

APPLICANT FULI	L NAME				
HOME ADDRESS_		CITY	ST	ZIP	
COLLEGE ADDRESS		CITY	ST	ZIP	
PHONE	HONEEMAIL		DOB		
HIGH SCHOOL AT	TTENDED		YEAR OF GRADUATION		
	ENTLY ATTENDING OI			GPA	
MAJOR/ MINOR_		# CC	URSES THIS SE	MESTER	
EXPECTED YEAR	OF COLLEGE GRADU	JATION	YEAR ENTE	RING	
DO YOU CURREN	TLY WORK/WHERE _		# WEEKLY HOURS		
DESCRIBE ANY C	COMMUNITY SERVICE	PERFORMED OV	ER THE PAST 2	YEARS	
WCHA SPONSOR# OF YEARS WCHA MEMBER					
RELATIONSHIP O	F WCHA SPONSOR TO	) YOU			
STUDENT SIGNA	ГURE				
SPONSOR SIGNAT	S	SPONSOR PHONE			

### In addition to above application, applicant is REQUIRED to provide:

- ✓ Transcript from your educational institution which indicates GPA/current class standing
- ✓ Statement of Scholarship Need (Describe your need for the Scholarship)
- ✓ 400-500 word essay answering the following question: **Describe a challenge your community** faces related to Public Works and how you would help address it.