



MASCA ANNUAL SCHOLARSHIP APPLICATION

NAME: _____

AGE: _____

HOME ADDRESS: _____

TELEPHONE: _____

AGENCY: _____

POSITION: _____

TELEPHONE: _____

COLLEGE OR HIGH SCHOOL CURRENTLY ATTENDING

ADDRESS: _____

CURRENT MAJOR (college students only): _____

GRADE POINT AVERAGE: _____ (submit copy of transcripts)

Send Application and Essay to:

MASCA Memorial Scholarship Fund
1148 Pulaski Hwy.
Bear, Delaware 19701