MASSACHUSETTS HIGHWAY ASSOCIATION TRUST FUND TRUSTEES

APPLICATION FORM FOR UNDERGRADUATE SCHOLARSHIP AID

Fall 2025 & Spring 2026 Semesters

Applicant Nar	ne:	
Home address:		
		Email:
SPONSOR:	Name:	
	Place of Work & Position:	
Candidate	Relationship to Sponsor:	
APPLICANT:		
High School Attended:		Year Graduated:
College Attending:		College Year Entering:
College Major:		
Do you currently work?		# of Hours Per Week
Place of Employment / Position:		
Do you expect to receive other scholarships, aid, or grants during the upcoming school year?		
YES	NO If yes, des	scribe source and amounts below and in your statement of need.
Brothers / siste	rs or children presently attend	ding college:
Name:		College:
Name:		College:
APPLICATION (CHECK LIST:	(each of the items listed below must be included with your application)
	Written Essay of Inter	rest: Approx. 200 words outlining your goals, interests, & acheivements.
	Brief statement of eco	onomic need.
	Letter of reccomenda	tion from a teacher with personal knowledge of your acheivements.
Applicant Signa	ature:	Date:
Scholarship award winners will be required to show proof of full time enrollment prior to receiving the award.		
Please submit this application to: Massachusetts Highway Association P.O. Box 2004		

Danvers MA 01923

Must be post marked by March 7, 2025, no emailed applications will be accepted.