



GLOCESTER BUSINESS ASSOCIATION
Kathleen E. Roberts Memorial Scholarship
APPLICATION
DEADLINE: APRIL 30, 2024

REQUIREMENTS

Applicant must be a resident of the Town of Gloucester or Foster, RI and a graduating senior at Ponaganset High School who will be attending an accredited junior college, college, university or technical school in September 2023.

AWARD SELECTION

The GBA Scholarship Committee will consider academics, extracurricular activities, and achievements. Applicants pursuing a career in business are strongly encouraged to apply; however, this is not a prerequisite for consideration by the Scholarship Committee.

AWARDS

\$500 scholarships will be awarded to the chosen applicants on Awards Night in June 2024.

NOTIFICATION

Accepted applicants will be contacted by our Scholarship Committee in advance of Awards Night.

APPLY NOW

Complete the application form and mail to:

Scholarship Committee
Gloucester Business Association
PO Box 327
Chepachet, RI 02814

If you prefer, complete an online application at www.glocester.org/scholarship-application.htm



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PERSONAL INFORMATION

Student Name _____

Date of Birth _____

Address _____

Contact Phone _____

Contact Email _____

EDUCATIONAL INFORMATION

Graduation Date _____

Current GPA _____

Current Class Rank _____

School/College/University you plan to attend in September _____

Address _____

Anticipated Program or Field of Study _____

GOALS & ASPIRATIONS

If you prefer, you may attach a separate typewritten sheet for this section.

What are the three most significant courses you have taken in preparation for your career? Briefly explain why these courses were most significant.

Briefly explain why you chose to enter the field of study you listed above and a short summary of what you plan to do with your education.

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HIGH SCHOOL ACTIVITIES

If you prefer, you may attach a separate typewritten sheet for this section.

Student Activities	9	10	11	12
Leadership Positions	9	10	11	12
Community Activities	9	10	11	12
Work Experience	9	10	11	12
Commendations	9	10	11	12

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CERTIFICATION

We acknowledge that the information presented herein is true and accurate to the best of our knowledge, and that any scholarship aid received will be used for tuition expenses and/or course textbooks only. We also understand that if this application is incomplete, it may not be considered by the Scholarship Committee.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____