

Methuen Public Schools Retirees' Association
Scholarship Application
Relative of a member in good standing



Please print

Date of Application _____ Date of Birth _____

Last Name _____ First _____ Middle _____

Address _____

City/Town _____ State _____ Zip _____

Telephone _____ Email _____

Parent/Guardians' Name _____

Name of relative who is a member of MPSRA _____

Relationship to member _____

Senior at _____ High School

College/school you plan to attend _____

Signature _____