

East End Club
Joseph R. Nolan Scholarship Committee
15 West 4th Street
Lowell, Massachusetts 01850

The East End Club Scholarship Committee will award several scholarships in memory of Joseph R. Nolan to 2020 high school graduates who are planning to attend a college or university in the fall of 2020.

Emphasis will be placed on scholastic achievement, character and leadership during his or hers school career. If the candidate has a financial burden, this will be taken into consideration. However, the applicant must submit a copy of their 2020 FAF for evaluation.

The following requirements must be met:

1. Scholarship of one applicant by an East End Club member or member of the Ladies Auxiliary in good standing as of March 31, 2020. All Club and Auxiliary members must be members in good standing for two (2) years to be eligible to sponsor a candidate.
2. Official transcript of grades and application to be received by the committee no later than April 30, 2020.
3. Proof of acceptance to an accredited college or university. This requirement is not contingent on the April 30th date. However, the applicant must submit proof of acceptance prior to the awarding of the scholarship.
4. Submit three (3) letters of recommendation from persons other than Club or Auxiliary members.
5. Submit a short essay, no longer than one page in length, stating why you should be recipient of this award.

If applicants have difficulty with any of the preceding requirements, they may, through their sponsor, consult with any member of the committee for clarification.

All information received by this committee will be held in strict confidence.

Application, transcripts, letters of recommendation and a copy of your FAF, if necessary should be forwarded to the above address, c/o The Scholarship Committee.



15 West Fourth St.
Lowell, Mass 01850

JOSEPH R. NOLAN MEMORIAL SCHOLARSHIP AWARD

APPLICATION FOR SCHOLARSHIP

NAME _____ SPONSOR'S NAME _____

RELATIONSHIP TO SPONSOR: (SON, DAUGHTER, FRIEND, ETC.) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: _____ SPONSOR'S TELEPHONE #: _____

PRESENT HIGH SCHOOL: _____

COLLEGES, UNIVERSITIES APPLIED TO: _____

EMPLOYED BY: _____

LIST OF ACHIEVEMENTS, HONORS, AWARDS OR AFFILIATIONS: _____

ARE YOU RECEIVING ANY OTHER SCHOLARSHIPS OR GRANTS? IF SO, NAMES AND AMOUNTS:

SUBMIT A COPY OF YOUR FAF IF YOU HAVE A FINANCIAL BURDEN.

DO NOT SUBMIT AN FAF IF YOU DO NOT HAVE A FINANCIAL NEED.

SIGNATURE OF APPLICANT

SIGNATURE OF SPONSOR