



EAST END SOCIAL CLUB, INC.
Ladies Auxiliary
15 West Fourth St.
Lowell Mass. 01850



The MaryEllen R. Warsnip
Memorial Scholarship Application

Name: _____

Street Address: _____

City & State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

School Attending as of this Year: _____

Number of Courses to be taken: _____

I hereby state that all of the information listed above is factual.

Signature of applicant: _____

Name of Member: (Sponsor) _____

Street Address: _____

City & State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

Relationship to Applicant: _____

Number of Years as a Member: _____