

**Renewal Application for Scholarships
via the
Erika Hall Memorial Fund**

Congratulations... your college career is moving forward! Know that we are proud of all that you've accomplished (and may yet be accomplishing) this school year. If you intend to continue your studies in the fall and would like to receive another \$1,000 scholarship to be applied towards that year's tuition, please fill out the short questionnaire below. You may return it snail mail to Westport and Beyond/The Erika Hall Memorial Fund, po box N164, Westport, MA 02790, or email the completed version to info@westportandbeyond.org. Don't forget we will need an updated school tuition bill in the fall with student account number visible in order to process your scholarship. Reminder notices will be sent out to all those who have already sent in their renewal applications at that time.

Name:

Address (Home):

Preferred email:

Address (College):

College email (if different from above):

phone:

I will be a Freshman / Sophomore / Junior / Senior in the fall. (circle one)

Name of college I will be attending in the fall:

This is the same school as last year: Y/N

My major(s):

Minor(s) and/or Concentrations:

Activities involved in on campus (if any):

Activities involved in off campus (if any):

Media Release Permission Form

(not necessary for scholarship but definitely helpful for us!)

For Westport and Beyond:

I _____ (*please print full name*) agree that my name, high school attended, year of hs graduation, intended college major, and/or the educational institution I will be attending as appears on my application or through further correspondence can be used in press, online, and other social media announcements made by **Westport and Beyond** regarding the particular scholarship (s) I have been awarded.

YES _____ No _____

Signed and dated by applicant and, if under 18, his or her parent.

X _____
Applicants signature Date

X _____
Parent's signature if under 18 Date

For Community Foundation of Southeastern Mass:

I _____ (*please print full name*) agree that my name, intended major, and the educational institution I will be attending (*please print your intended major _____ and educational institution _____*) can be used in press and other announcements made by the **Community Foundation of Southeastern Massachusetts** regarding the particular scholarship (s) I have been awarded.

YES _____ No _____

Signed and dated by applicant and, if under 18, his or her parent.

X _____
Applicant's signature Date

X _____
Parent's signature if under 18 Date