

M.O. L.I.F.E., Inc.

Living Interdependently for Future Endeavors
43 Daniel Street • Fairhaven, Massachusetts 02719 • (508) 992-5978

PAUL POWERS MURPHY MEMORIAL SCHOLARSHIP

Please type or print clearly

Name:					
	_City, State, Zip:				
Phone:	_E-Mail:				
What High School do you attend?					
Class Rank: out of					
Are you a Class Officer?	Sports involvement:				
List any Clubs and Organizations you belong to					
Do you work? (If so where and how many hours per week?)					
Mother's Name and Employer					
Father's Name and Employer					
Do you have siblings in college?					
Have you done any community service/volunteer work?					
If yes, where and for how long?					
in you, where and for now long:	2				

College(s) you h	nave applied to:			
Name of College	Э	Tuition		Room/Board
		2		
	,			
Please provide	one letter of recommend	dation from a	guidance coun	selor or teacher and your
transcript.				
	be what type of CHAL u a different person.	LENGE you	have overcom	e within your life and how
Please send con	npleted application no la	ter than April	11 to:	
M.O., L.I.F.E., Inc				
43 Daniel Street,				

Fairhaven, MA 02719