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# Massachusetts Elementary School Principals' Association

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## 2017 JAMES ARGIR SCHOLARSHIP APPLICATION

**PURPOSE:** *The purpose of the James Argir Scholarship is to provide assistance for children of MESPA members who are pursuing post-secondary education.*

**DATE:**

**I. PERSONAL DATA:**

Applicant's Name	
Address	Town/State/Zip
Telephone No.	Date of birth
High school attended	Date of graduation
Name of father	MESPA member: Y N
Occupation	
Name of mother	MESPA member: Y N
Occupation	

**II. STATUS:**

- A. College/University attending:
- B. Field of Study:
- C. I will be entering the following class in September 2017: (circle one)  
Freshman    Sophomore    Junior    Senior    Graduate School

**III. FINANCIAL DATA:**

**A. Estimated expenses for school year:**

- 1. Tuition and fees \$
- 2. Room and board \$
- 3. Books and supplies \$

**TOTAL** \$

**B. Approximate amount of money you expect to receive from other sources:**

- |              |  |    |           |
|--------------|--|----|-----------|
| 1.           | From college of your choice                  | \$ |           |
|              | From gifts, grants, or scholarships          | \$ |           |
| 2.           | From family                                  | \$ |           |
|              | From student employment and personal savings | \$ |           |
| 3.           | From loans                                   | \$ |           |
| <b>TOTAL</b> |  |    | <b>\$</b> |

**C. Family information:**

Brothers and sisters	Age	Living at home	School or occupation	Family financial contribution (if in college)

**D. Are there any unusual circumstances, hardships, or economic needs which the Committee should know about? If so, please explain.**

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**IV. TRANSCRIPTS:**

Most recent high school (and college, where applicable) transcripts must be received by **Tuesday, AUGUST 1, 2017**. *Check one below:*

Transcript enclosed \_\_\_\_\_ Transcript to be forwarded \_\_\_\_\_

**V. REFERENCES:**

Give names and addresses of three people, not related to you, including one from a teacher, principal, or counselor. Please have each reference listed below send a **current** letter of recommendation directly to the MESPA office. It is the applicant's responsibility to see that three letters of recommendation are received by **AUGUST 1, 2017** at the MESPA office.

NAME	ADDRESS	POSITION

**VI. HONORS AND SPECIAL AWARDS:**

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**VII. PERSONAL STATEMENT:**

Please write an essay of 300 words or less on your educational goals and your contributions made to family, school, and community.

**VIII. ELIGIBILITY REQUIREMENTS:**

1. One parent must have been an Active and/or Retired MESPA member **for at least three consecutive years** immediately prior to the student's application and, at time of application, must be a principal, assistant principal, or a retired principal/assistant principal.
2. The applicant must be a graduate of a high school or other secondary school and have been accepted into a college or university program.
3. Children of deceased MESPA members who were members for at least three consecutive years at some time in the past are eligible.
4. The student is responsible for assuring that the application and all supporting materials arrive at the MESPA office by **AUGUST 1, 2017**. Applicants may enclose a pre-addressed postcard or envelope that will be returned when the application is complete.
5. Awards will be based upon the total merit of the application.

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Mail all materials to: **James Argir Scholarship Committee**  
**MESPA Education Center**  
**28 Lord Road, Suite 125**  
**Marlborough, MA 01752**

For information, call Victoria Ellison: VOICE (508) 624-0500; FAX (508) 485-9965  
EMAIL: [vellison@mespa.org](mailto:vellison@mespa.org)

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