

**MASSACHUSETTS COALITION FOR ADULT EDUCATION
JESSIE CANTOR MEMORIAL SCHOLARSHIP APPLICATION**

(Please print or type)

I. PERSONAL INFORMATION

Name _____
Last First M.I.

Address _____
Street

City State Zip

Telephone () _____ E-Mail _____

Currently MCAE member? _____ Years of membership: _____

Social Security Number _____ US Citizen? (circle one) Y N

If not a citizen, please indicate status _____

II. EDUCATIONAL STATUS.

Highest degree completed and where: _____

Currently attending: (name of institution) _____ Status: _____

List additional schools or certificate programs if applicable:

III. EMPLOYMENT

Current Job Title _____

Place of Business _____

Address _____
Street City State Zip

Supervisor _____

Telephone () _____ E-Mail _____

Previous Job Title and Place of Business _____

