



# TOWN OF ORLEANS

19 School Road Orleans, MA 02653-3699

Phone (508) 240-3700

<http://www.town.orleans.ma.us>

SELECT BOARD

TOWN  
MANAGER

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## 2026 SARAH BROWN SCHOLARSHIP

AWARD: Up to \$5,000

AWARDED BY: Orleans Select Board

ELIGIBILITY: A young woman having resided in the Town of Orleans for at least three (3) years, planning to continue her education at a degree-granting institution of higher learning.

APPLICATION: Applications will be available at school guidance offices and on the Town of Orleans website. A complete application must be received by the Town Manager's office, 19 School Road, Orleans, MA 02653 on or before **April 15<sup>th</sup>, 2026**.

*Each applicant must include:*

- *three (3) letters of recommendation*
- *a brief summary of your planned course of study and how it relates to your future career/life goals*
- *a copy of high school grade transcript or current college transcript*
- *a signed copy of parent/guardian joint and/or individually filed 2025 Federal tax return(s).*

PAYMENT: Scholarship payment will be made upon proof of matriculation of the first semester. Necessary documentation must be submitted to the Orleans Town Manager's office to receive payment. Payment will be made directly to the school unless otherwise authorized.

**2026**  
SARAH BROWN SCHOLARSHIP  
APPLICATION

**STUDENT INFORMATION**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
High School: \_\_\_\_\_  
Guidance Counselor: \_\_\_\_\_  
College you plan to attend: \_\_\_\_\_  
College Address: \_\_\_\_\_  
Have you been officially accepted? \_\_\_\_\_

**FAMILY INFORMATION**

Father/Guardian

Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Mother/Guardian

Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

List other individuals who are dependent on family income (ex. siblings):

	Age	Relationship
1.	_____	_____
2.	_____	_____
3.	_____	_____

Are any of the above dependents currently attending college/educational institution charging tuition? If YES, list cost of tuition, and approximate amount of financial aid being received:

1.	Cost _____	Financial Aid _____
2.	Cost _____	Financial Aid _____
3.	Cost _____	Financial Aid _____

## 2025 FINANCIAL DATA

*\*\*Please include copy of 2025 Federal Tax Return\*\**

### Parent/Guardian

2025 Adj. Gross Income: \_\_\_\_\_ 2026 Estimate \_\_\_\_\_

2025 Non-taxable income: \_\_\_\_\_ 2026 Estimate \_\_\_\_\_

### Student (from employment, if any)

2025 \_\_\_\_\_ 2026 Estimate \_\_\_\_\_

2025 \_\_\_\_\_ 2026 Estimate \_\_\_\_\_

### Estimated costs of upcoming academic year:

Tuition \$ \_\_\_\_\_

Room & Board \$ \_\_\_\_\_

Books/Class Supplies \$ \_\_\_\_\_

Personal Expenses \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

### How much of the above expense will be covered by the following (estimate):

Loans \$ \_\_\_\_\_

Grants \$ \_\_\_\_\_

Other Scholarships \$ \_\_\_\_\_

Work Study \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

## ACHIEVEMENTS

School sponsored extracurriculars:

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Participation in organizations outside of school:

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Employment or volunteer work:

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Special interests or achievements in areas not noted above:

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## PARENT/GUARDIAN STATEMENT

If you feel there to be any additional information helpful towards the request for this scholarship award for your student, please provide below:

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If you consider the information given in this application to be accurate and true statements in all respects, please sign below:

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Father/Mother/Guardian Signature

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Student Signature

Application checklist:

- Completed application form
- Three (3) letters of recommendation
- Brief summary of your planned course of study and how it relates to your future career/life goals
- Copy of high school transcript or current college transcript
- 2025 parent/guardian joint and/or individually filed 2025 Federal tax return(s)