

MCLA

Massachusetts College of Liberal Arts

Completed scholarship forms must be returned to the Financial Aid Office.

MountainOne Scholarship Application

This scholarship was established through the vision and generosity of MountainOne to assist students enrolled in a degree program at MCLA and who have been impacted by the closure of North Adams Regional Hospital.

Name: _____ Fr., Soph., Jr., or Sr.

A#: _____ MCLA Box #: _____

Permanent Address: _____ City: _____ State: _____ Zip: _____

Local Address: _____ Local or Cell Number: _____

E-mail Address: _____

Major: _____ Minor: _____ Current Cumulative GPA: _____

Scholarship Criteria:

- Enrolled full-time
- Enrolled in a bachelor's degree program
- Cumulative grade point average of 2.0 or better.
- Unmet need based on the FAFSA (Free Application for Federal Student Aid)
- Documentation verifying loss of employment at NARH

Student Signature:

_____ Date: _____

Office Use Only

GPA: _____ Major: _____ Financial Need (if applicable): _____ Initials Fin. Aid: _____
