THE CHARLES W. ELIOT II AWARD

SCHOLARSHIP APPLICATION

Applications for this award should be sent to the *Metropolitan Area Planning Council, Charles W. Eliot II Scholarship, 60 Temple Place, Boston, MA 02111* no later than <u>May 11,</u> <u>2018</u>.

The purpose of the award is to forward sound land planning practices regarding both the development of land and the conservation of natural resources by recognizing a student whose interests give promise of work in these fields.

1. Name:	Date of Birth:		
Address:		_ Phone #:	
Town/City	State	Zip code	
High School:			
E-Mail Address			

2. In founding the Charles W. Eliot II Scholarship, MAPC recognizes high school seniors who are entering their first year of college and who are especially interested in pursuing an academic career in land use planning that will guide our society to a more sustainable future. MAPC broadly defines land use planning to include housing and economic development, transportation, environmental protection, energy conservation, and impacts on public health – all of which relate to improving our "living environment." Local or regional experience that shows how the student making application sees his/her community in the present or vision of the future would be helpful. Students making application for this scholarship should write below how their proposed academic program and/or future career goals will address one or more of these subjects (use other pages if necessary):

 Please list extracurricular school activities and any honors, volunteer, or paid work experience that might relate to this application:

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4. Name and address of the institution of higher education that you plan to attend next year:

5	<u>Also</u> please list three teachers or other adult leaders who know of your interest in the field of planning that was so important to Mr. Eliot.		
	nave read the brief summary of Charles W. Eliot II and believe that my work and interes II help to advance his ideas.	t	
Sig	gnature of Applicant: Date:	_	
Sig	gnature of Parent/Guardian acknowledging that this application is being made with my	/ full	
COI	onsent: Date:	_	
Sic	anature of one Teacher or Cuidance Councelor seknowledging that this application is		

Signature of one Teacher or Guidance Counselor acknowledging that this application is being made with my full consent: _____ Date: _____