

**TOWN OF CORINTH**  
*First year application*  
**GENEVA M. SMITH TRUST FUND**  
**SCHOLARSHIP APPLICATION**



Applicants for this scholarship must be students from the Town of Corinth, who are planning to attend a College, Graduate School or Vocational School.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

High School currently attending: \_\_\_\_\_

1. School(s) to which you have applied: \_\_\_\_\_

\_\_\_\_\_

2. Planned program of study: \_\_\_\_\_

3. Years required to complete program: \_\_\_\_\_

4. Describe your work experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. How much have you been able to save toward your post-secondary education? \_\_\_\_\_

\_\_\_\_\_

6. Briefly explain your reasons for continuing your education and what are your plans afterwards? (Use other side if necessary) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that any scholarship aid granted to me will be limited to the payment of tuition only and will be payable directly to the school where I am studying, following successful completion of a qualifying period as determined by the Selectmen and Town Treasurer of the Town of Corinth.

\_\_\_\_\_  
Signature of Applicant

