

CORINTH AREA
KIWANIS SCHOLARSHIP FUND

Scholarship Application

Applicants for this Scholarship must be students from School Administration District #64 who are planning to attend a College or Vocational School with a minimum of two year course.

Name: _____ Date: _____

Mailing Address: _____

Street Address: _____

Phone Number: _____

High School currently attending: _____

1. Schools 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? _____

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 the first semester, as determined by the Selectmen and Town Treasurer of the Town of Corinth.

Signature of Applicant

