

**FAIRFIELD SCHOLARSHIP FUND**  
**SCHOLARSHIP APPLICATION**  
**Funded by private donations**  
**Please print**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_  
 Father's Occupation & work Address: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_  
 Mother's Occupation & work Address: \_\_\_\_\_

Brothers and Sisters supported by your parents:

Name	Age	Name	Age

A. Where do you plan to continue your education?

Location: \_\_\_\_\_

B. Have you applied? \_\_\_\_ Accepted? \_\_\_\_ Still waiting to hear? .

C. What are your occupational or professional ambitions?

Please include any information which could be helpful to the Scholarship Committee including your major.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

D. List school activities in which you have participated. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

*Use back of form if necessary. You can attach another paper if needed.*

E. Write a statement as to why you feel you are deserving of this Scholarship Award. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

F. Attach a copy of your transcript.

Two scholarships in the amount of \$1000 each will be awarded to Fairfield students who will be graduating from high school and who will attend a post-secondary school. Please obtain recommendations from two (2) persons (not related) to support your application. Return by May 10th to Joy Kane, 4 Victoria Lane, Apt. 202, St. Albans, VT 05478. Scholarships will be awarded after first semester.

Signature of Applicant	Signature of Parent