JOHN FINN MEMORIAL SCHOLARSHIP

Eligibility Requirements: This award is given to a graduating high school senior from Bellows Free Academy based on his/her scholastic record and community involvement. Financial need is a factor.

Name	Last	First	Date of Birth:/	
Home	ome Address: ome Telephone Number: arent/Guardian Name:Occupation: A. I plan to continue my education at:			
Parent	t/Guardian Name:		Occupation:	
Parent/Guardian Name:O			Occupation:	
	List extra-curricular acti	vities in which you have partic	() am still waiting to hear cipated, including part-time jobs you have held.	
D.	What are your profession award committee.	nal ambitions? Please include	any information that could be helpful to the	

PLEASE INCLUDE THE FOLLOWING:

- 1. Two recommendation letters from your teachers
- 2. A narrative statement explaining why you feel you should be awarded a John Finn Memorial Scholarship.
- 3. A copy of your transcript.
- 4. Application must be typewritten.

RETURN COMPLETED APPLICATION BY April 25th to: Law office of Vanessa Branon Kittell

PO Box 307 84 Fairfield Street St. Albans, VT 05478

All typewritten applications will be considered without regard to race, color, religion, sex national origin, physical, or mental handicap.

DO NOT WRITE ON THIS FORM! SCHOLARSHIP APPLICATION MUST BE TYPED!