

**FAIRFIELD SCHOLARSHIP FUND
SCHOLARSHIP APPLICATION**
Please Type

Name: _____ Date of Birth: _____
 Home Address: _____ Telephone Number: _____
 Father's Name: _____
 Father's Occupation & Address _____
 Mother's Name: _____
 Mother's Occupation & Address: _____

Brothers & 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. Also attach a transcript of grades.

Four Scholarships in the amount of \$1,000 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 1, 2010, to Joy Kane, 3254 Lapland Rd., E. Fairfield, VT 05448.

Signature of Applicant	Signature of Parent