



COVENTRY TOWN FOUNDATION, INC.

SCHOLARSHIP GRANT APPLICATION

The Coventry Town Foundation through its Scholarship Program provides funds for resident high school graduates for post-secondary education.

STUDENT'S NAME: _____

STUDENT'S DATE OF BIRTH: _____

PARENT/GUARDIAN NAME: _____

RESIDENTIAL ADDRESS: _____

PHONE: _____ E-MAIL: _____

NAME OF SCHOOL (if chosen): _____

INTENDED FIELD OF STUDY: _____

PLEASE CHECK ONE: TWO YEAR FOUR YEAR OTHER

ESSAYS

1. Describe your future career plans and how higher education will help you to attain them. (100 words minimum)
2. Give evidence of participation and leadership in work experience, volunteering, service to your community, or other out-of-school activities. (250 words minimum)

This application, along with the 2 essays must be mailed to the Coventry Town Foundation by May 31 prior to school start. The date on the postmarked envelope is the only proof that you met this deadline.

Failure to do any of the above will disqualify the applicant for a scholarship

Signature: _____ Date: _____

Please return to: Coventry Town Foundation
 P.O. Box 46
 Coventry, VT 05825

CTF USE ONLY

Date Received: _____

APPROVED / DENIED Date: _____

Reason (if denied): _____
