

VERIFICATION OF FULL TIME STATUS FOR SCHOLARSHIP RENEWAL

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

| STUDENT'S NAI | ME: | | | | |
|------------------|-----------------------------|-----------|--------|--------|---|
| SCHOOL NAME | : | | | | |
| SCHOOL ADDRE | ESS: | | | | - |
| | , | | | | _ |
| SCHOOL PHONE | E: | | | | - |
| PROGRAM OF S | STUDY: | | | | |
| | ME UNDERGRADUAT | | | | |
| Please circle on | e that applies <u>now</u> : | | | | |
| Semest | er: FIRST | SECOND | | | |
| Year: | FRESHMAN | SOPHOMORE | JUNIOR | SENIOR | |
| Anticipated Mo | onth & Year of Gradu | ation: | | | |

| MAIL CHECK TO: | | |
|-------------------|---|--|
| ADDRESS: | | |
| | | |
| | | |
| | | |
| PHONE: | | |
| May 31 prio | must be mailed to the Coventry To r to school start for Fall Renewal O prior to school start for Spring F | · |
| The date on the p | ostmarked envelope is the <u>only</u> p | roof that you met this deadline. |
| Note: Falsifying | | ll forfeit any future scholarship from the |
| | <u>Coventry Town Four</u> | ndation. |
| | | |
| Signature: | | Date: |
| Please return to: | Coventry Town Foundation | |
| | P.O. Box 46 | |
| | Coventry, VT 05825 | |
| ****** | ********* | ******** |
| CTF USE ONLY | ********* | ********* |
| Date Received: | | |
| Check Number: | | |