

CORINTH AREA
KIWANIS SCHOLARSHIP FUND

Scholarship Application

Applicants for this Scholarship must be students from the Town of Charleston who are planning to attend a College or Vocational School with a minimum of two year course.

Name: _____ Date: _____

Mailing Address: _____

Street Address: _____

Phone Number: _____

High School currently attending: _____

1. Schools to which you have applied: _____

2. Planned Program of Study: _____

3. Years required to complete program: _____

4. Describe your work experience: _____

5. How much have you been able to save toward your post-secondary education?

6. Briefly explain your reasons for continuing your education and what are your plans afterwards? _____

I understand that any scholarship aid granted to me will be limited to the payment of tuition only and will be payable directly to the School where I am studying, following successful completion of the first semester, as determined by the Selectmen and Town Treasurer of the Town of Corinth.

Signature of Applicant

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Please return to Corinth Town Office, PO Box 309, Corinth ME 04427-0309  
by April 30<sup>th</sup>