

**LAURA SCUDDER GRANT APPLICATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ Apt/Unit \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

High School \_\_\_\_\_ Graduation Date \_\_\_\_\_

Marital Status \_\_\_\_\_ # of Dependents (and age if minor) \_\_\_\_\_

College Presently Attending \_\_\_\_\_ Major \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_ Current G.P.A. \_\_\_\_\_

Have applied to a 4 year college?    Yes    No    Have you been accepted?    Yes    No    Unknown

Name of Colleges \_\_\_\_\_

Employer (if applicable) \_\_\_\_\_

Position \_\_\_\_\_ Hours per week \_\_\_\_\_ Annual Income \_\_\_\_\_

Other sources of income \_\_\_\_\_ Amount \_\_\_\_\_

In 400 words or less, please write your reasons for applying for the Laura Scudder Grant.

*I declare that I am a U.S. Citizen and the information provided is true, correct and complete to the best of my knowledge. If I receive the \$3000.00 Grant, I agree to provide my tax I.D. number.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

